9 10392001

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs gov/Form990 for instructions and the latest information.

Quanto Public Inspection

OMB No 1545-0047

<u>A</u>	For the	2018 calendar y	ear, or tax year be		, and ending				
В	Check if a	plicable C Name of	forganization G(DODWILL INDUSTRI	ES OF NORT	HEAST		D Employe	r identification number
	Address c	nange ,		NDIANA, INC.					
$\bar{\sqcap}$	Name cha	nne .	usiness as						905018
\exists		Number	_ '	mail is not delivered to street addres	ss)		Room/suite	E Telephone	a number 478-7617
Щ	Initial retur		6 MAGNAVOX W	VAI untry, and ZIP or foreign postal code				200-	4/0-/01/
	Final retur terminated		, ,						14 127 000
\Box	Amended	robum .	r wayne	IN 4680)4			G Gross rece	eipts \$ 14,137,828
H		r Name a	nd address of principal offi				H(a) Is this a gro	nin return for si	ubordinates? Yes X No
Ш	Application		LIAM WARR					•	
		I	6 MAGNAVO	X WAY			H(b) Are all sub		
			T WAYNE	<u> IN</u>	46804	~	If "No,	" attach a list (see instructions)
	Тах-ехел	pt status X	501(c)(3) 501(c)	() ◀ (insert no)	4947(a)(1) or	527			
J	Website	▶ FWGOOI	DWILL.ORG			1	H(c) Group exe	mption number	· b
K	Form of o	rganization X Co	rporation Trust	Association Other		L	Year of formation 1	993	M State of legal domicile IN
F	artti	Summary	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
	1 6	Briefly describe the	organization's miss	sion or most significant acti	vities				
ø		GOODWILL !	PROVIDES OPE	PORTUNITIES FOR	PEOPLE WIT	H DISABIL	ITIES AND	EMPLOY	MENT
auc		BARRIERS ?	O BUILD IND	DEPENDENCE THROU	GH EMPLOYM	ENT.			
Activities & Governance									
ŏ	2 (heck this box	if the organizati	on discontinued its operation	ons or disposed o	f more than 25%	6 of its net assets	S	
ال	3 1	Number of voting n	nembers of the gov	erning body (Part VI, line 1a	a)			3	16
Se	1	=		rs of the governing body (F				4	16
Ě	1			ın çalendar year 2018 (Part				5	496
Ç	6 7	otal number of vo	lunteers (estimate if	f necessary)	,			6	16
⋖	1		•	Part VIII, column (C), line	12			7a	0
	1			e from Form 990-T, line 38				7b	0
							Pnor Ye		Current Year
a	8 (Contributions and o	grants (Part VIII, line	e 1h)			5,50	0,357	5 <u>,453</u> ,609
ž.	9 F	rogram service re	evenue (Part VIII, lin	e 2g)					0
Revenue	10 1	nvestment income	(Part VIII, column ((A), lines 3, 4, and 7d)				9,556	793
œ	11 (Other revenue (Pa	rt VIII, column (A), li	ines 5, 6d, 8c, 9c, 10c, and	11e)		2,79	4,256	3,538,010
	12 7	otal revenue – ad	d lines 8 through 11	(must equal Part VIII, colu	mn (A), line 12)		8,30	4,169	<u>8,992,412</u>
	13 (Grants and similar	amounts paid (Part	IX, column (A), lines 1-3)					0
	14 E	Benefits paid to or	for members (Part I	X, column (A), line 4)					0
Ś	15 8	Salaries, other com	pensation, employe	ee benefits (Part IX, columr	(A), lines 5–10)		5,75	4,274	<u>5,515,587</u>
xpenses	16a F	Professional fundra	sising fees (Part IX,	column (A), line 11e)					0
çpe	b 1	otal fundraising ex	kpenses (Part IX, co	olumn (D), line 25) 🕨	11,	443			
ŵ	17 (Other expenses (P	art IX, column (A), I	ines 11a-11d, 11f-24e)			3,21	0,739	3,348,868
	18 7	otal expenses Ac	ld lines 13-17 (mus	Lednal B电影 den 心区	ne 25)		8,96	5,013	<u>8,864,455</u>
	19 F	Revenue less expe	enses Subtract line	8 from line	<u> </u>			0,844	<u>127,957</u>
0 0	3			1 1	, KI		Beginning of Cu		End of Year
Net Assets or	20 1	otal assets (Part)	(, line 16)	JUN 0 3 2019				9,613	5,610,242
AAS	21 7	otal liabilities (Par			ا≊			9 , 056	1,212,527
		let assets or fund	balances Subtract	line 21 from the NULL	TT		4,26	0 <u>,557</u>	4,397,715
P.	ant III	Signature	Block						
U	nder per	alties of perjury, I de	eclare that I have exa	mined this return, including ac	companying sched	lules and stateme	nts, and to the be	st of my kno	wledge and belief, it is
tri	ue, corre	ct, and complete D	aclaration of preparer	(other than officer) is based of	on all information of	which preparer r	as any knowledge		10
		<u>leny</u>	901	• 					22-19
Sig		Signature of o						Date	•
He	re	WILL		NER		PRESI	DENT & C	EO	
_		Type or print r			\sim	7		* '>	
		Print/Type preparer's r	ame	Preparens sign	U U V / / /	Much	Date	Check	T PTIN
Pai		MICHAEL R. ZI			mu z w	m WICH	5-17-		
	parer	Firm's name		<u>GAGE & SCHROE</u>)	, F	im's EIN	35-1939627
Use	Only				S WAY #3	00 .			
		Firm's address			4-7926		F	hone no	260-422-2551
May	the IR	discuss this retu	n with the preparer	shown above? (see instruc	ctions)				X Yes No
For		ork Reduction Act	Notice, see the sepa	rate instructions.	<u>-</u>	•			Form 990 (2018)

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om,	ł 990 (201 <mark>.</mark> 8)	GOODWILL INDU	STRIES OF	NORTHEAST	35-1905018		Page 2
P		Statement of Program					ত্য
		Check if Schedule O co		e or note to any line	in this Part III		X
	GOODWI	cribe the organization's missi LL PROVIDES OP RS TO BUILD IN	PORTUNITIES			ITIES AND	EMPLOYMENT
2	pnor Form	ganization undertake any sign i 990 or 990-EZ? escribe these new services of		es during the year which v	vere not listed on the		☐ Yes ☒ No
3	Did the org	ganization cease conducting,	or make significant ch	anges in how it conducts,	any program		Yes X No
4	Describe t expenses	escribe these changes on Sch he organization's program se Section 501(c)(3) and 501(c) expenses, and revenue, if any,	vice accomplishments (4) organizations are	required to report the amo			
	(Code SEE SCI)(Expenses \$ HEDULE O	7,974,537	including grants of \$) (Revenue \$)
	(Code I/A) (Expenses \$		including grants of \$) (Revenue \$)
	•						
	(Code) (Expenses \$		including grants of \$) (Revenue \$)
N	I/A						
4d		ram services (Describe in Sc) (Payana ¢	•	,
4e	(Expenses	ram service expenses	including grants o) (Revenue \$		
- 	p. ogi	CO. T.CO GAPONOGO P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Form 990 (2018)

₽P	artilVa Checklist of Required Schedules		1	
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	├^-	\vdash
J	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		i	1
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	İ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		 ^``
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-b-4-80000.no	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С		١		1 ,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
ď	·			_v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		$\stackrel{\wedge}{\vdash}$
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' ' '	 	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь_		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 12 if "Ves." complete Schedule I, Parts I and II	1 21		X

P	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			Į
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		j	1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			ĺ
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			İ
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	igsquare	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			i
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Ì
	or IV, and Part V, line 1	34	 	_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	\longmapsto	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
a a. riega	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
₽Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			711
	reportable gaming (gambling) winnings to prize winners?	1c		
		For	m 990	(2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 496 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. q Did the sponsoring organization make any taxable distributions under section 4966? 9a 9ь b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

Form	990 (2018) GOODWILL INDUSTRIES OF NORTHEAST 35-1905018		P	age 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	or a "No		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See it			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		Commence of	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct		ŀ	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	\dashv	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	l	v
	one or more members of the governing body?	7a		<u>X</u>
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.	ì	Х
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	.tea.retein
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b	$\frac{\wedge}{X}$	
ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ioa	with a taxable entity during the year?	16a	IN COLUMN TO	Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			På
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Se</u> c	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
$\mathbf{L}P$	ARRY HOLZINGER 1516 MAGNAVOX WAY			

IN 46804

FORT WAYNE

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any hours for	bo of	x, unk ficer a	Pos check ess pe nd a c	rson i	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 1330 111100)	organization and related organizations
(1)MELISSA BEBER										
	1.00	,,		,,					0	_
VICE CHAIR	0.00	X	-	Х	-			0	0	0
(2) STAN BIEBERICH	1.00				•					
DIRECTOR	0.00	X						ol	0	0
(3) DOUG BARROW	0.00	<u> </u>		\vdash	 					
(a) Bood British	1.00									
SECRETARY	0.00	X		Х				ol	0	0
(4) NICHOLAS ELKINS										
	1.00									
DIRECTOR	0.00	X	_		_		_	0	0	0
(5) JACQUELYN FELLER										
	1.00	١		f						
DIRECTOR	0.00	X	<u> </u>	 	┝		<u> </u>	0	0	0
(6) CHAD GLASSBURN	1.00									
DIRECTOR	0.00	X			Ì			o	0	0
(7) AMY HOCHSTETLER	0.00	^					 	<u> </u>		
(//AIII HOCHSTEILER	1.00									
DIRECTOR	0.00	X						ol	0	0
(8) LAURA MASER										
	1.00									
CHAIR	0.00	X		X	<u> </u>			0	0	0
(9) TIMOTHY MANGES			ĺ							
	1.00									_
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	0	0	0
(10) TODD NICHOLS										
	1.00	,,						_	2	^
DIRECTOR	0.00	X	\vdash	<u> </u>		\vdash	<u> </u>	0	0	0
(11) JOE O'CONNOR	1 00				ŀ					
TO EACHDED	1.00	X		X				o	0	0
TREASURER	0.00	ΙΛ	<u> </u>	ΙΔ.	Щ.		L	<u> </u>		Form 990 (2018)

10392001 Page **8**

(A) Name and title	(B) Average hours per week			Pos check		than o s both		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)		ficer a			Highest compensated employee	ee)	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(12) RANDY RUSK IMMEDIATE PAST CHAIR	1.00	Х		Х				0	0	0
(13) WIL SMITH	1.00			Λ						
DIRECTOR (14) EDWARD WELLIN	0.00 G 1.00	X						0	0	0
DIRECTOR (15) GARY YARGER	1.00	X						0	0	0
DIRECTOR (16) STEVEN ZACHER	0.00	Х				-		0	0	0
DIRECTOR (17) WILLIAM WARRI	0.00 NER	X	_					0	0	0
PRESIDENT & CEO	40.00			Х				116,057	0	20,206
Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				> > >	116,057		20,206
 Total number of individuals (increportable compensation from the reportable compensation from the remployee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization individual Did any person listed on line 1a for services rendered to the organization and related or line 1a 	mer officer, dire complete Schedi 1a, is the sum o zations greater t	ctor, ule J f rep han s	or tru for s ortab	ustee uch i ile co ,000°	e, ke ndivi ompe of f	y em udual ensat Yes,	ploy ion " <i>col</i>	ree, or highest compensated and other compensation from mplete Schedule J for such unrelated organization or inc	n the	3 X 4 X 5 X
Section B. Independent Contractor Complete this table for your five compensation from the organiz	e highest compe	nsate	ed inc	depe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of he organization's tax year	
	(A) business address								(B) tion of services	(C) Compensation
2 Total number of independent or received more than \$100,000 or DAA								listed above) who	0	Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Total revenue Unrelated exempt function business excluded from tax under sections 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 449,116 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 5,004,493 4,905,342 g Noncash contributions included in lines 1a-1f 5,453,609 h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, 934 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (II) Other (i) Secunties sales of assets other than inventory **b** Less cost or other 141 basis & sales exps -141 c Gain or (loss) -141 -141 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b \triangleright c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 8,680,278 returns and allowances b 5,145,275 b Less cost of goods sold 3,535,003 ,535,003 c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 3,007 11a MISCELLANEOUS INCOME 3,007 b C All other revenue 3,007 Total. Add lines 11a-11d 3,538,944 Total revenue. See instructions 8,992,412 -141

Form 990 (2018) **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) (C) Do not include amounts reported on lines 6b. Program service Management and general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 136,263 131,539 4,724 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,044,099 403, 115 228 4,447,442 Other salaries and wages Pension plan accruals and contributions (include 67,819 48,935 18,884 section 401(k) and 403(b) employer contributions) 434**,**675 33,203 468,107 229 Other employee benefits 399 395,956 356,168 39,389 10 Payroll taxes Fees for services (non-employees) a Management 3,334 3,801 467 **b** Legal 28,093 28,093 c Accounting Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 20,592 10,533 10,059 (A) amount, list line 11g expenses on Schedule O) 134,087 116,536 13,194 4.357 12 Advertising and promotion 279,006 242,827 36,080 Office expenses 500 500 Information technology 14 Royalties 40,744 273 773,839 732,822 16 Occupancy 306,980 295,092 11,681 207 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,585 3,822 857 13,264 Conferences, conventions, and meetings 19 40,13927,137 13,002 20 Interest 82,529 82,529 21 Payments to affiliates 323,898 274. 49,123 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 211,552 194,805 16,747 MERCHANT AND BANK FEES 1,584 $\overline{62},381$ 60,777 POSTAGE AND SHIPPING 49,758 <u>27,770</u> 21,988 RENTAL AND MAINTENANCE EQ 16,005 2,394 50 18,449 MISCELLANEOUS e All other expenses 8,864,455 7,974,537 878,475 443 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here

following SOP 98-2 (ASC 958-720)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 600,509 953,082 Cash-non-interest bearing 619,078 2 620,838 Savings and temporary cash investments Pledges and grants receivable, net 197,843 223,101 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 485,513 507,977 Inventories for sale or use 133,608 120,933 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 5,943,343 other basis Complete Part VI of Schedule D 10a 2,477,550 10c 2,155,860 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15,512 28,451 Other assets See Part IV, line 11 15 15 5,610,242 5,529,613 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 500,118 17 538,22 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 759,737 674,303 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 9,201 of Schedule D 1,269,056 1,212,527 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,260,557 4,397,715 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 4,260,557 33 33 Total net assets or fund balances 5,529,613 5,610,242 Total liabilities and net assets/fund balances

Form 990 (2018)

orm	990 (2018) GOODWILL INDUSTRIES OF NORTHEAST 35-1905018			Pag	_{je} 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		92 , 4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		64 <u>,</u> 4	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>27,9</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,2	60, <u>5</u>	<u> 557</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		9,2	<u> 201</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,3	97 <u>,</u> 7	<u> 715</u>
Рa	it XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O .				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1		
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	ա 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

GOODWILL INDUSTRIES OF NORTHEAST
INDIANA, INC.

Employer identification number
35-1905018

OMB No 1545-0047

: Open to Public : Inspection

			INDIANA, INC	•			35-190	5018
P	irt I	Reas		Status (All organizations r	nust co	mplete t	his part) See instruction	s
he	orga			it is (For lines 1 through 12, che				~
1	Ň			ciation of churches described in s			A)(i).	$\wedge V$
2	П			N)(ii). (Attach Schedule E (Form 9				117
3	П			e organization described in section				0 1
4	H			in conjunction with a hospital des				tal's name.
•	ш	city, and state						,
5		•		a college or university owned or	onerated	hv a gove	rnmental unit described in	
3	Ш		b)(1)(A)(iv). (Complete Part		орстисси	by a gove	Trimeritar arm december in	
6	\Box	•		vernmental unit described in sec	tion 170(h)(1)(A)(v	1	
7	X	•		ubstantial part of its support from				
′	\(\frac{1}{2}\)	-	section 170(b)(1)(A)(vi). (Co		a govern	incintal an	it of from the general public	
8	\Box			70(b)(1)(A)(vi). (Complete Part II)			
9	H	•		ribed in section 170(b)(1)(A)(ix)		in coniun	ction with a land-grant college	
•				f agriculture (see instructions) En				
		university	J g				J	
10		-	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	tributions	, membership fees, and gross	
	_	receipts from	activities related to its exemp	ot functions—subject to certain ex	ceptions,	and (2) n	o more than 33 1/3% of its	
				d unrelated business taxable inco			1 tax) from businesses	
			•	, 1975 See section 509(a)(2). (0				
11	Ц			xclusively to test for public safety				
12	Ш			xclusively for the benefit of, to per				
				ations described in section 509 (a at describes the type of supporting				
		_						9
	а			rated, supervised, or controlled by er to regularly appoint or elect a r				
				er to regularly appoint or elect a remplete Part IV, Sections A and			,	
	b	``	· ·	ervised or controlled in connection		supported	d organization(s), by having	
	~			ing organization vested in the san				
			ion(s) You must complete		·		•	
	С	Type III f	unctionally integrated. A su	upporting organization operated in	n connect	on with, a	ind functionally integrated with,	
		its suppor	rted organization(s) (see insti	ructions) You must complete P	art IV, Se	ctions A	, D, and E.	
	d			. A supporting organization opera)
				organization generally must satis				
				ust complete Part IV, Sections aved a written determination from				
	е	functiona	is box if the organization receilly integrated, or Type III non-	-functionally integrated supporting	organiza	tion	Type I, Type II, Type III	
	f		nber of supported organizatio					
	g	Provide the fo	ollowing information about the	supported organization(s)				
() Nam	e of supported	(ii) EiN	(iii) Type of organization	(IV) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1–10		ir governing	support (see	other support (see
				above (see instructions))		nent?	instructions)	instructions)
					Yes	No		
(A)								
					<u> </u>			
(B)					-			
			<u> </u>					
(C)								
					-			
(D)								
(E)								
(E)								
						77453		
ota	ŀ							

35-1905018

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

500	rait iii ii tile Organization	i lails to quality	under the tests	ilsted below, p	nease complete	s rait iii.)	
	ction A. Public Support	(-) 2044	43.0045	(-) 0040	(4) 2047	(-) 2040	/D.T. (-)
Cale	ndar year (or fiscal year beginning ın)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,075,847	5,645,068	5,469,702	5,500,357	5,453,609	27,144,583
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,075,8 <u>47</u>	5,645,068	5,469,702	5,500,357	5,453,609	27,144,583
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						27,144,583
_	tion B. Total Support			iniii.itiiiisted taratiistaatii adam.araa a	Programme Production and Service Service	description of the description and a	2,72117000
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	5,075,847	5,645,068	5,469,702	5,500,357	5,453,609	27,144,583
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,172		8,762	9,652	934	28,339
9	Net income from unrelated business activities, whether or not the business is regularly carried on					2,007	2,007
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,305	7,347	3,181	2,013	5,852	23,698
11	Total support. Add lines 7 through 10						27,198,627
12	Gross receipts from related activities, etc (•				12	
13	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	is a section 501(c)(3)	. .
500	organization, check this box and stop here						
	tion C. Computation of Public Su	 					
14	Public support percentage for 2018 (line 6,	• •	•	T))		14	99.80%
15 160	Public support percentage from 2017 Schero 33 1/3% support test—2018. If the organization			and line 14 is 22	1/20/ or more char		99.79%
IUa	box and stop here. The organization qualif				1/3 /8 Of filore, chec	JK UIIS	▶ X
h	33 1/3% support test—2017. If the organization				s 33 1/3% or more	check	
-	this box and stop here. The organization q				0 00 170 70 01 111010,	CHOOK	▶ □
17a	10%-facts-and-circumstances test—201		• • • •		or 16b, and line 14	l is	ت -
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac				•		
	organization	a o comount	orgur	400	- Farmery composite	-	▶ □
b	10%-facts-and-circumstances test—201	7. If the organization	n did not check a b	ox on line 13, 16a,	16b, or 17a, and li	ne	- С
	15 is 10% or more, and if the organization in						
	Explain in Part VI how the organization mee					ly	▶ □
10	supported organization	not shook a haw to	June 12 164 164	17a or 17h ohaal	this have and ass		
18	Private foundation. If the organization did instructions	not check a box on	iiile 13, 16a, 16b,	iza, or izo, cneck	uns dux and see		▶ [

35-1905018

Pa	intill Support Schedule for O	rganizations D	escribed in So	ection 509(a)(2	2)		
	(Complete only if you che	ecked the box or	n line 10 of Par	t I or if the orga	nization failed	to qualify under I	Part II.
	If the organization fails to	qualify under th	ne tests listed b	elow, please co	omplete Part II)	<u> </u>
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					L	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				/		
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support						<u> </u>
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			/			
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		/				
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		/				
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						<u>.</u>
3	Total support. (Add lines 9, 10c, 11,						
	and 12)		, _				
4	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	▶ 🗆
Sec	tion C. Computation of Public Si		age				
5	Public support percentage for 2018 (line 8,	, column (f), divided	by line 13, column	(f))		15	%
	Tubilo dapport percentago for 20 ge (inte of					16	%
6	Public support percentage from 2017 Sche	edule A, Part III, line	15				
6							
6	Public support percentage from 2017 Sche	ent Income Per	centage	column (f))		17	%
6 Sec	Public support percentage from 2017 Schettion D. Computation of Investme	ent Income Pero ne 10c, column (f), o	centage divided by line 13, o	column (f))		17	% %
6 Sec 7	Public support percentage from 2017 Sche tion D. Computation of Investme Investment income percentage for 2018 (li	ent Income Pero ne 10c, column (f), c Schedule A, Part III,	centage divided by line 13, o , line 17		ore than 33 1/3%,	18	

33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Page 4

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3a	reduncement in	
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5b_		ļ
5c		
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	HEREATT AND THE	
9b	Liamobilia	
9c	արի երանարև։	argan agring hijib. H
10a		

Schedule A (Form 990 or 990-EZ) 2018 GOODWILL INDUSTRIES OF NORTH	IEAS	ST 35-1905	018 Page 6			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions				
1 \ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2	20, 197	70 (explain in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E				
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of pnor-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		· · · · · · · · · · · · · · · · · · ·			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year)	A					
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI)						
Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	ŀ					
see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6					
7 Recovenes of pnor-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8_					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for pnor year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)						
7 Check here if the current year is the organization's first as a non-functionally integrated Typ	e III su	upporting organization (see				
instructions)		·				

35-1905018 GOODWILL INDUSTRIES OF NORTHEAST Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (1) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions Excess distributions carryover, if any, to 2018 a From 2013 b From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Part VI

GOODWILL INDUSTRIES OF NORTHEAST

<u>35-1905018</u>

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

Ś

23,698

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047

Employer Identification number Name of the organization GOODWILL INDUSTRIES OF NORTHEAST INDIANA, 35-1905018 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	edule D (Form 990) 2018 GOODWILL	INDUSTRIES			35-1905018	Page 2	
Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)						
а	Public exhibition	d 🗌	Loan or exchange p	rograms			
b	Scholarly research	e 🗌	Other				
С	Preservation for future generations						
4	Provide a description of the organization's of	ollections and explain h	ow they further the	organization's e	xempt purpose in Part		
	XIII						
5	During the year, did the organization solicit of				nılar		
inin, ==rup	assets to be sold to raise funds rather than t		t of the organization	's collection?		Yes No	
PR	Escrow and Custodial A			N= 4 10 4 15 = - 4	.	-	
	Complete if the organization	on answered "Yes"	on Form 990, F	art IV, line s	e, or repoπed an am	ount on Form	
	990, Part X, line 21						
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions o	r other assets i	not	□ vaa □ Na	
	included on Form 990, Part X?	and complete the fello	a tabla			∐ Yes ∐ No	
D	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing table		<u> </u>	Amount	
_	Paginaina balanga				1c	7 (IIIOGIN	
	Beginning balance Additions during the year				1d	 	
					1e		
f	Ending balance				1f	-	
	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escrow or cus	todial account li	ability?	Yes No	
	If "Yes," explain the arrangement in Part XIII	· · · · · · · · · · · · · · · · · · ·					
	irtV. Endowment Funds.						
	Complete if the organization	n answered "Yes"	on Form 990, F	art IV, line	10		
		(a) Current year	(b) Pnor year	(c) Two ye	ars back (d) Three years	s back (e) Four years back	
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
_	programs					-	
	Administrative expenses		-	-			
	End of year balance Provide the estimated percentage of the cur	rent year and balance	(hao 1a, column (a))	bold as			
	Board designated or quasi-endowment	"" " " " " " " " " " " " " " " " " " "	(iiile 19, coluinii (a))	neiu as			
b							
		%					
•	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse		on that are held and	administered fo	or the		
	organization by	-				Yes No	
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as require	d on Schedule R?			3b	
4	4 Describe in Part XIII the intended uses of the organization's endowment funds						
Pa	intivii Land, Buildings, and Equ						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10						
	Description of property	(a) Cost or other b	1 ' '	or other basis	(c) Accumulated	(d) Book value	
	(investment) (other) deprecation						
	Land			91,805	1 200 00	91,805 2 1,014,639	
	Buildings		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	396,861 621,991	1,382,223 1,131,67		
	Leasehold improvements		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	832,686			
	Equipment			<u> </u>	1,213,30	- 339,104	
	Other I. Add lines 1a through 1e (Column (d) must	egual Form 990, Part X	, column (B), line 10)c)	<u> </u>	2,155,860	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV I	ine 11h. See Form 990. Part X. line 12	
•	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(a) Description of security of category (including name of security)	(b) Book value	Cost or end-of-year market value	
(4) F				
(1) Financial d				_
•	ld equity interests			_
(3) Other				
(A)				_
(B)				
(C)				
(D)				
(E)		· -·		
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			
Part VIII	Investments—Program Related. Complete if the organization answered "Yes" or	n Form 990 Part IV I	uno 11c. See Form 990. Part Y. line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book Value	Cost or end-of-year market value	
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13) ▶			ຼ
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, I	ine 11d_See Form 990, Part X, line 15	
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				_
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
	n (b) must equal Form 990, Part X, col (B) line 15)		>	_
Part X	Other Liabilities.			_
	Complete if the organization answered "Yes" o	n Form 990 Part IV I	ine 11e or 11f. See Form 990. Part X	
	line 25	111 01111 000, 1 411 14, 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)	······································			ø
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·			
(9)				1000

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

che	dule D (Form 990) 2018 GOODWILL INDUSTRIES OF NORT	HEAST	<u>35-190501</u>	8	Page 4
Pa	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Retu	ırn.	
	. Complete if the organization answered "Yes" on Form 990	, Part IV, line	e 1 <u>2a</u>		
1	Total revenue, gains, and other support per audited financial statements			1	8,992,412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
C	Recovenes of prior year grants				
d	Other (Describe in Part XIII)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		ļ	3	8,992,412
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	8,992,412
Pa	irt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per Ro	eturn.	•
	Complete if the organization answered "Yes" on Form 990	, Part IV, lın	e 12a		
1	Total expenses and losses per audited financial statements		ļ	1	8,864,455
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	·
3	Subtract line 2e from line 1	1 1	į	3	8,864,455
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 18.)			5	8.864.455

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

GOODWILL IS A PUBLICLY SUPPORTED ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THESE FINANCIAL STATEMENTS.

GOODWILL HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD THAT PROVIDES GUIDANCE ON ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX
BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, GOODWILL MAY
RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE

Part XIII Supplemental Information (continued)

LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF GOODWILL AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

GOODWILL FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF INDIANA. GOODWILL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2015.

(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Don L

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

INDIANA, INC.

GOODWILL INDUSTRIES OF NORTHEAST

▶ Go to www.irs.gov/Form990 for instructions and the latest information

Inspection. Employer identification number

35-1905018

離P	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art	-			
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods	Х		4,902,442	RESALE VALUE
6	Cars and other vehicles	X	1	2,900	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded			-	
10	Securities — Closely held stock				
11	Securities — Partnership, LLC,				
	or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation	}			
	contribution — Historic				
	structures	<u> </u>			
14	Qualified conservation				
	contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()			
26	Other ► (·			<u> </u>
27	Other ► ()			
28	Other ► (<u> </u>			
29	Number of Forms 8283 received by twhich the organization completed Fo				29
30a	During the year, did the organization				
	28, that it must hold for at least three			tribution, and which isn't red	
	to be used for exempt purposes for t		olding period?		30a X
b	If "Yes," describe the arrangement in				
31	Does the organization have a gift acc	ceptance po	dicy that requires the review	ew of any nonstandard	

describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

31

contributions?

contributions?

If "Yes," describe in Part II

Page 2

Schedule M (Form 990) 2018 GOODWILL INDUSTRIES OF NORTHEAST 35-1905018

Partill Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

OMB No 1545-0047

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC.

Inspection Employer identification number

35-1905018

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT SEE SCHEDULE O

GOODWILL WAS FOUNDED IN 1902 IN BOSTON, MA BY REV. EDGAR J. HELMS, A METHODIST MINISTER AND EARLY SOCIAL INNOVATOR. HELMS COLLECTED UNWANTED HOUSEHOLD GOODS AND CLOTHING IN WEALTHIER AREAS OF THE CITY AND EMPLOYED JOBLESS MEN AND WOMEN TO REFURBISH THEM. INCOME FROM THE RESOLD GOODS PAID THE WORKER'S WAGES. THE SYSTEM WORKED, AND THE GOODWILL PHILOSOPHY OF "A HAND UP, NOT A HAND OUT" WAS BORN.

TODAY REVEREND HELM'S PHILOSOPHY FLOURISHES AMONG 162 INDEPENDENT,

COMMUNITY-BASED GOODWILL MEMBER AGENCIES IN THE UNITED STATES AND CANADA,

AS WELL AS 14 INTERNATIONAL AFFILIATES IN OTHER COUNTRIES INCLUDING SOUTH

KOREA, FINLAND, PHILIPPINES, TRINIDAD, VENEZUELA, THAILAND, BRAZIL, MEXICO,

PANAMA, COSTA RICA AND URUGUAY. THE GOODWILL CAN TRACE ITS FORT WAYNE

ROOTS BACK TO 1936, WHEN REVEREND HELMS PROPOSED A FEDERATION OF GOODWILL

INDUSTRIES ACROSS NORTHERN INDIANA. THE FORT WAYNE GOODWILL WAS

INCORPORATED WITH THE INDIANA SECRETARY OF STATE IN 1937 AND OPENED ITS

DOORS ON JANUARY 3, 1938 AT 112 EAST COLUMBIA STREET.

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC., HEADQUARTERED IN FORT WAYNE, PROVIDES OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND EMPLOYMENT BARRIERS TO BUILD INDEPENDENCE THROUGH EMPLOYMENT. WE BELIEVE THAT WORK IS THE KEY FACTOR IN THE ABILITY OF PEOPLE TO ACHIEVE DESIRABLE LIFE OUTCOMES. WITH IT COMES MORE THAN A PAYCHECK OR BENEFITS. WORK PROVIDES A SENSE OF PURPOSE, BUILDS SELF-ESTEEM, CREATES INDEPENDENCE, AND OPPORTUNITY TO

GOODWILL INDUSTRIES OF NORTHEAST

Employer identification number 35-1905018

PARTICIPATE IN THE GREATER ECONOMIC AND SOCIAL LIFE OF OUR COMMUNITY.

EVERY PERSON WHO DONATES TO, SHOPS IN OUR STORES, HIRES SOMEONE THROUGH

GOODWILL, OR SPREADS THE WORD ABOUT OUR MISSION, CREATES OPPORTUNITIES FOR

OUR FRIENDS, FAMILY AND NEIGHBORS WITH DISABILITIES AND DISADVANTAGES.

GOODWILL ADDS UNIQUE VALUE IN OUR COMMUNITY BY EQUIPPING PEOPLE WHOSE OPTIONS ARE LIMITED BECAUSE OF DISABILITY, CRIMINAL HISTORY, LOW EDUCATION LEVEL, LACK OF WORK EXPERIENCE OR OTHER SIGNIFICANT BARRIER WITH JOBS (60% OR 296 EMPLOYEES AND 100% OF 635 CLIENTS SERVED FIT THESE CRITERIA IN 2018). \$2,649,855.00 MILLION IN WAGES (58% OF TOTAL PAYROLL) WERE EARNED BY PEOPLE WITH DISABILITIES AND EMPLOYMENT BARRIERS EMPLOYED BY GOODWILL LAST YEAR. THE PROJECTED FIRST-YEAR WAGES OF 40 CLIENTS PLACED INTO WORK EVALUATIONS (3) OR COMMUNITY EMPLOYMENT (37) TOTALED AN ADDITIONAL \$564,948.00.

GOODWILL IS OPERATING UNDER ITS NINTH CONSECUTIVE HIGHEST-POSSIBLE THREEYEAR ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION
FACILITIES (CARF) FOR ITS COMMUNITY EMPLOYMENT SERVICES AND JOB
DEVELOPMENT. GOODWILL'S CARF ACCREDITATION IS A PUBLIC COMMITMENT TO: 1)
INVOLVE CLIENTS IN USING SERVICES THAT OPTIMIZE THEIR CHOSEN GOALS AND
OUTCOMES; 2) BE ACCOUNTABLE TO OUR FUNDING SOURCES, REFERRAL AGENCIES AND
COMMUNITY AT LARGE; AND 3) DELIVER EFFICIENT, CLIENT-FOCUSED PROGRAMS AND
SERVICES THAT MEET NATIONAL STANDARDS FOR PERFORMANCE.

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC. IS GOVERNED BY A 15 PERSON UNCOMPENSATED, INDEPENDENT VOLUNTEER BOARD OF DIRECTORS. THE GOODWILL BOARD AVERAGED 84% MEETING ATTENDANCE OVER CALENDAR YEAR 2018. 100% OF

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

BOARD MEMBERS MADE A FINANCIAL CONTRIBUTION TO GOODWILL DURING 2018. 100% OF BOARD MEMBERS SIGNED AND ADHERED TO CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES. PEOPLE WITH DISABILITIES, VETERANS AND PEOPLE OF DIFFERENT RACE, ETHNICITY, SEX, RELIGION, ETC. COMPRISED 53% OF GOODWILL'S BOARD.

THE ORGANIZATIONAL VALUES THAT GUIDE GOODWILL'S OPERATION AND WORKFORCE INCLUDE: RESPECT; STEWARDSHIP; ETHICS; GROWTH; AND WORK. THE STRATEGIC IMPERATIVES OF GOODWILL'S 2017-19 STRATEGIC PLANS CONTINUE TO FOCUS ON GROWTH AND INCLUDE: GROW THE MISSION; GROW THE BUSINESS; GROW THE PEOPLE; GROW ORGANIZATIONAL EXCELLENCE; AND GROW THE BRAND.

GOODWILL COLLABORATES WITH MANY DIFFERENT ORGANIZATIONS: IN DIVISION OF DISABILITY & REHABILITATION SERVICES; TRANSITION PARTNERS OF NORTHEAST IN; GAPP GROUP (GOODWILL, PARK CENTER & PATHFINDERS COLLABORATION); NORTHEAST IN SCHOOL SYSTEMS; DELL (COMPUTER RECYCLING); AND GOODWILL INDUSTRIES INTERNATIONAL. PARTNERING WITH 5 OTHER AGENCIES ACROSS NORTHERN INDIANA (OPPORTUNITY ENTERPRISES, LOGAN COMMUNITY RESOURCES, PATHFINDERS, CORVILLA AND PARK CENTER), GOODWILL PROVIDES PRE-EMPLOYMENT TRANSITION SERVICES TO YOUTH WITH DISABILITIES AGES 14-22. THIS LED TO NEW PARTNERSHIPS WITH METROPOLITAN SCHOOL DISTRICT (MSD) OF STEUBEN COUNTY, DEKALB COUNTY CENTRAL UNITED SCHOOL DISTRICT, DEKALB COUNTY EASTERN SCHOOL DISTRICT, EAST NOBLE SCHOOL CORPORATION AND EAST ALLEN COUNTY SCHOOLS. GOODWILL INDUSTRIES' PRE-ETS IS PROVIDING JOB EXPLORATION COUNSELING, WORK-BASED LEARNING EXPERIENCES, COUNSELING ON POSTSECONDARY OPPORTUNITIES, WORKPLACE READINESS, AND INSTRUCTION OF SELF-ADVOCACY TO STUDENTS WITH DISABILITIES.

<u> Page</u> **2**

Employer identification number

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

PROFESSIONAL AFFILIATIONS (2018) INCLUDED: INDIANA ASSOCIATION OF REHABILITATION FACILITIES (INARF); GOODWILL INDUSTRIES INTERNATIONAL, INC.; INDIANA ASSOCIATION FOR PEOPLE IN SUPPORTED EMPLOYMENT (INAPSE); INDIANA UNIVERSITY INSTITUTE ON DISABILITY & COMMUNITY; NORTHERN INDIANA HUMAN RESOURCES ASSOCIATION (NIHRA); TRANSITION PARTNERS OF NORTHEAST INDIANA; GAPP GROUP (GOODWILL, PARK CENTER & PATHFINDERS COLLABORATION); TRANSPORTATION ADVISORY COMMITTEE; NATIONAL ASSOCIATION OF SOCIAL WORKERS; THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF); AND THE DISABILITY EXPO.

THE ONGOING INTERNAL AND EXTERNAL AUDITS THAT EVALUATE GOODWILL'S PROGRAM AND ORGANIZATIONAL EFFECTIVENESS INCLUDED: CARF ON-SITE SURVEY OF PROGRAMS; INDEPENDENT FINANCIAL AUDIT BY EXTERNAL CPA FIRM; GOODWILL INDUSTRIES INTERNATIONAL MEMBERSHIP STANDARDS; AND OUTCOMES MEASURES REPORT ON PROGRAM SERVICES. GOODWILL FINANCIAL MANAGEMENT ANALYTICS FOR 2018 WERE VERY HEALTHY FOR THE NONPROFIT SECTOR AND INCLUDED: 89.5% OF TOTAL BUDGET TO PROGRAMS; 10.4% MANAGEMENT/GENERAL EXPENSE; AND .1% FUNDRAISING EXPENSE.

GOODWILL'S SERVICE AREA COVERS 10 NORTHEAST INDIANA COUNTIES-ALLEN, ADAMS, DEKALB, HUNTINGTON, JAY, LAGRANGE, NOBLE, STEUBEN, WELLS, AND WHITLEY.

GOODWILL PROVIDES EMPLOYMENT COUNSELING, JOB TRAINING AND JOBS FOR PEOPLE WHO FACE BARRIERS TO FINDING AND KEEPING A JOB, INCLUDING PEOPLE WITH DISABILITIES, YOUTH WITH DISABILITIES, RECIPIENTS OF PUBLIC ASSISTANCE, AND PEOPLE WITH LIMITED EDUCATION OR WORK HISTORY. GOODWILL'S MISSION IS CARRIED OUT THROUGH A VARIETY OF PROGRAMS AND SERVICES, ALL WITH ONE GOALTO HELP PEOPLE WITH DISABILITIES OR OTHER DISADVANTAGES BECOME MORE SUCCESSFUL, PRODUCTIVE, AND INDEPENDENT. OUR SERVICES ARE INDIVIDUALIZED

GOODWILL INDUSTRIES OF NORTHEAST

Employer identification number 35–1905018

TO MEET THE NEEDS OF PROGRAM PARTICIPANTS AND INCLUDE:

- 1. DISCOVERY (JOB SHADOWS, INFORMATIONAL INTERVIEWS, SITUATIONAL ASSESSMENTS, WORK EXPERIENCE, VOCATIONAL GUIDANCE AND COUNSELING, VOCATIONAL TESTING AND CAREER EXPLORATION);
- 2. JOB DEVELOPMENT AND PLACEMENT (RESUME PREPARATION, JOB SEEKING SKILLS TRAINING, INTERVIEWING, NETWORKING, JOB READINESS TRAINING AND PLACEMENT ASSISTANCE);
- 3. JOB COACHING / ON THE JOB SUPPORTS (LEARNING JOB DUTIES, UNDERSTANDING THE RULES OF WORK, EMPLOYMENT COUNSELING, NATURAL SUPPORT STRATEGIES AND EMPLOYMENT ADVOCACY);
- 4.EXTENDED SERVICES / FOLLOW-ALONG (ONGOING SUPPORT PROVIDED TO HELP PERSONS WITH SEVERE DISABILITIES MAINTAIN EMPLOYMENT); AND
- 5. PRE-EMPLOYMENT TRANSITION SERVICES (TO YOUTH WITH DISABILITIES AGES 14-22) INCLUDING JOB EXPLORATION COUNSELING, WORK-BASED LEARNING EXPERIENCES, COUNSELING ON POSTSECONDARY OPPORTUNITIES, WORKPLACE READINESS, AND INSTRUCTION OF SELF-ADVOCACY TO STUDENTS WITH DISABILITIES.

THE NUMBER OF CLIENTS WITH DISABILITIES AND/OR EMPLOYMENT BARRIERS SERVED BY GOODWILL IN 2018 TOTALED 635.

174 PEOPLE RECEIVED JOB PLACEMENT INTENSIVE SERVICES IN 2018 INCLUDING: \$564,948.00 PROJECTED FIRST-YEAR WAGES OF 40 CLIENTS PLACED INTO COMMUNITY

35-1905018

EMPLOYMENT OR WORK EVALUATIONS; STARTING WAGES RANGED FROM \$7.25 TO \$17.10 HOURLY; 72% OF CLIENTS PLACED INTO EMPLOYMENT HAD MULTIPLE DISABILITIES AND 28% A SINGLE DISABILITY. THE BREAKDOWN OF PERSONS' SERVED PRIMARY DISABILITIES INCLUDED: (57.5% COGNITIVE) LEARNING DISABILITY, TRAUMATIC BRAIN INJURY, AUTISM, FETAL ALCOHOL SYNDROME AND DOWN SYNDROME; (22.5% MENTAL HEALTH) MAJOR DEPRESSIVE DISORDER, BIPOLAR, PTSD AND SCHIZOPHRENIA; (17.5% PHYSICAL) DUANE'S SYNDROME, CARDIOGENIC SYNCOPE, FIBROMYALGIA AND ARTHRITIS; AND (2.5% SENSORY) VISUAL IMPAIRMENT. 228 WAS THE NUMBER OF HIGH-SCHOOL AGED STUDENTS WITH DISABILITIES (FROM 5 NORTHEAST INDIANA SCHOOL SYSTEMS) THAT RECEIVED WORK EXPERIENCE AND TRAINING OPPORTUNITIES AT GOODWILL.

GOODWILL RELIES UPON THE SALES OF DONATED ITEMS TO CREATE JOBS AND FUND OUR PROGRAMS FOR PEOPLE WITH DISABILITIES, DISADVANTAGES, AND OTHER BARRIERS TO EMPLOYMENT. IN FACT, 89.5 CENTS OF EVERY DOLLAR IS REINVESTED BACK INTO OUR NORTHEAST INDIANA COMMUNITY THROUGH JOBS, SERVICES AND PROGRAM RELATED EXPENSE. SIMPLY PUT, DONATIONS HELP GOODWILL CREATE JOBS AND PUT PEOPLE BACK TO WORK, AND WE BELIEVE THAT WORK HAS THE POWER TO TRANSFORM LIVES. THE POWER OF WORK ALLOWS THOSE WE EMPLOY AND SERVE TO GAIN SELF-ESTEEM, SKILLS, EXPERIENCE AND THE RESOURCES NEEDED TO LEAD MORE INDEPENDENT LIVES.

496 PEOPLE WHO WORKED FOR GOODWILL DURING 2018 (IN JOBS RANGING FROM EMPLOYMENT SERVICES STAFF, STORE STAFF, TRUCK DRIVERS, MATERIAL HANDLERS, E-COMMERCE TECHNICIANS, ADMINISTRATIVE AND SUPPORT STAFF) PAID \$1,166,098.00 IN FEDERAL, STATE AND LOCAL TAXES.

476,409 PURCHASES WERE MADE IN GOODWILL'S 10 THRIFT STORES BY WOMEN, MEN, TEENAGERS, FAMILIES AND SENIOR CITIZENS WHO WERE PROVIDED A LOW-COST,

PAGE 5 OF 9

Page 2

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

HIGH-QUALITY SHOPPING EXPERIENCE. GOODWILL'S WIDE-ARRAY OF DONATED MERCHANDISE ATTRACTS SHOPPERS OF ALL AGES AND FROM ALL WALKS OF LIFE.

33,934 ADDITIONAL ON-LINE PURCHASES WERE MADE THROUGH GOODWILL'S E-COMMERCE STORE SHOPGOODWILL.COM.

\$475,826.00 WAS COLLECTED IN SALES TAX THROUGH THE GOODWILL STORES AND REMITTED TO THE STATE OF INDIANA.

\$2,454,177.00 WAS RETURNED TO THE LOCAL ECONOMY FROM THE OPERATION OF GOODWILL'S PROGRAMS AND SERVICES.

351 HOUSEHOLDS, BUSINESSES, CHURCHES AND NEIGHBORHOODS RECEIVED FREE PICK-UP OF DONATED GOODS FROM GOODWILL. THE DONATION OF HOUSEHOLD GOODS ENTRUSTED TO GOODWILL, DRIVES THE ORGANIZATION'S ABILITY TO HELP PEOPLE OVERCOME THEIR BARRIERS TO EMPLOYMENT.

4,091,737 POUNDS OF DONATED TEXTILES, SHOES, PLASTICS AND OTHER GOODS
UNSUITABLE FOR SALE IN THE GOODWILL STORES WERE REPURPOSED OR RECYCLED AND
KEPT OUT OF THE WASTE STREAM. GOODWILL HAS BEEN A PIONEER OF THE "REDUCE,
REUSE, REPURPOSE" PRACTICE OF UNWANTED, BUT STILL USABLE, ITEMS TO HELP
CREATE A HEALTHIER ENVIRONMENT.

OUT-OF-DATE COMPUTER WORKSTATIONS AND DEVICES ARE WORTH A LOT TO GOODWILL.

IN FACT, WE'VE PARTNERED WITH DELL'S RECONNECT PROGRAM TO HELP NORTHEAST

INDIANA RESIDENTS EASILY AND RESPONSIBLY RECYCLE HOUSEHOLD ELECTRONIC WARES

AT NO COST TO THE DONOR. IN 2018, AN ADDITIONAL 69,478 ELECTRONIC WASTE

Page 2
Employer identification number

Name of the organization

GQODWILL INDUSTRIES OF NORTHEAST

35-1905018

POUNDS (COMPUTERS AND PERIPHERALS) WERE RECYCLED AND DIVERTED FROM AREA LANDFILLS.

WE THANK OUR GOODWILL DONORS, SHOPPERS AND SUPPORTERS FOR SEEING THE VALUE OF GIVING UNWANTED ITEMS NEW LIFE, PROTECTING THE ENVIRONMENT AND HELPING TO LIFT OTHERS UP THROUGH THE POWER OF WORK.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE GOODWILL CEO SHALL ENSURE THAT TAX PAYMENTS AND OTHER GOVERNMENTORDERED PAYMENTS OR FILINGS ARE FILED IN A TIMELY AND ACCURATE MANNER
(WITHOUT USE OF EXTENSIONS UNLESS REQUIRED BY UNUSUAL CIRCUMSTANCES). THE
CEO SHALL SIGN AND CERTIFY THAT THE IRS FEDERAL FORM 990 IS ACCURATE AND
COMPLETE. THE FINANCE & RISK MANAGEMENT COMMITTEE SHALL REVIEW (FOR
COMPLETENESS AND ACCURACY) AND APPROVE THE IRS FORM FEDERAL 990 ANNUAL TAX
FILING PRIOR TO SUBMISSION, AND THE FULL BOARD SHALL RECEIVE A COPY OF THE
DOCUMENT BEFORE ITS SUBMISSION. THE COMMITTEE'S REVIEW OF THE FEDERAL FORM
990 SHALL BE SUMMARIZED IN MEETING MINUTES AND INCLUDE THE FOLLOWING
POINTS: DATE OF THE REVIEW, THE BOARD MEMBERS IN ATTENDANCE, SCOPE OF THE
REVIEW. AND FEEDBACK AND/OR SUGGESTED REVISIONS.

FEEDBACK AND/OR SUGGESTED REVISIONS SHALL BE TRANSMITTED VIA EMAIL OR
TELEPHONE (BY PERSONS DESIGNATED BY THE COMMITTEE) DIRECTLY TO THE
INDEPENDENT FINANCIAL AUDITORS ENGAGED TO COMPLETE THE FEDERAL FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES HAVE THE RESPONSIBILITY OF

ADMINISTERING THE AFFAIRS OF GOODWILL HONESTLY AND PRUDENTLY, AND OF

EXERCISING THEIR BEST CARE, SKILL, AND JUDGMENT FOR THE SOLE BENEFIT OF

Name of the organization

Employer identification number

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

GOODWILL. THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH GOODWILL OR KNOWLEDGE GAINED THEREFROM FOR THEIR PERSONAL BENEFIT. THE INTERESTS OF THE ORGANIZATION MUST BE THE FIRST PRIORITY IN ALL DECISIONS AND ACTIONS. ALL OFFICERS, MANAGEMENT EMPLOYEES AND BOARD MEMBERS SHALL FULLY ADHERE TO THE CONFLICT OF INTEREST POLICY, ANNUALLY DISCLOSE IN WRITING ANY ACTIVITY OR RELATIONSHIP, WHICH MAY BE PERCEIVED AS A CONFLICT OF INTEREST, AND A RECORD OF THAT DISCLOSURE IS MAINTAINED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE GOODWILL EXECUTIVE COMMITTEE SHALL ALSO SERVE AS THE "COMPENSATION COMMITTEE" TO CONDUCT THE ANNUAL PERFORMANCE EVALUATION OF AND GOAL-SETTING WITH THE GOODWILL PRESIDENT/CEO. GOODWILL WILL FOLLOW THE PROCEDURE OF "REBUTTABLE PRESUMPTION" TO ENSURE COMPLIANCE WITH IRS GUIDELINES (IRC 4958) THAT PLACES RESTRICTIONS ON THE EXECUTIVE COMPENSATION OF "DISOUALIFIED PERSONS" WITHIN TAX-EXEMPT ORGANIZATIONS. GOODWILL WILL MEET THE THREE CRITERIA ESSENTIAL TO ESTABLISH THAT A TRANSACTION WAS NOT AN EXCESS BENEFIT TRANSACTION: (1) THE TRANSACTION WAS APPROVED IN ADVANCE BY AN AUTHORIZED BODY OF THE NONPROFIT ORGANIZATION COMPOSED OF INDEPENDENT/UNRELATED INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST; (2) THE AUTHORIZED BODY OBTAINED RELIED UPON APPROPRIATE DATA, SUCH AS A COMPENSATION REPORT OR PROOF OF FAIR MARKET VALUE, AS TO COMPARABILITY BEFORE MAKING ITS DECISION; AND (3) THE AUTHORIZED BODY ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION AT THE TIME IT MADE ITS DECISION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Page 2

Schedule' O'(Form 990 or 990-EZ) (2018)

Employer identification number

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

SEE PART VI, SECTION B, LINE 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(D) OF THE INTERNAL REVENUE

CODE AND THE REGULATIONS HEREUNDER, COPIES OF THE ORGANIZATION'S FEDERAL

FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A CURRENT, ACCESSIBLE

AND TIMELY MANNER TO ANY INDIVIDUALS WHO REQUEST IT. THE FEDERAL FORM 990

SHALL ALSO BE POSTED ON GOODWILL'S WEBSITE FOR PUBLIC INSPECTION.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN INTEREST RATE SWAP

\$ 9,201