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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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

DLN: 93493123012856

10,041,644

9,040,800

Open to Public Inspection

| A F | or the 2015 ca | lendar year, or tax year beginning 01-01-2015 , and ending 12-31-201 | 5 | | |
|--------------------|------------------------|--|-------------------------------------|-------------------------|------------------------------------|
| | eck if applicable | C Name of organization GOODWILL INDUSTRIES INTERNATIONAL INC | | D Employer i | dentification number |
| ☐ Ad | dress change | | | 53-01965 | 517 |
| | me change | Doing business as | | | |
| | tıal return | Number and street (or P O box if mail is not delivered to street address) Room/sui | | E Telephone n | umber |
| Fir ret | nal :urn/terminated | 15810 INDIANOLA DRIVE | .e | (301)530 | 0-6500 |
| | nended return | City or town, state or province, country, and ZIP or foreign postal code | | , | |
| Гар | plication pending | ROCKVILLE, MD 208552639 | | G Gross receip | ts \$ 52,370,502 |
| | | F Name and address of principal officer | H(a) Is th | ■ is a group reti | ırn for |
| | | JIM GIBBONS 15810 INDIANOLA DRIVE | | rdınates? | ΓYes Γ No |
| | | ROCKVILLE, MD 208552639 | H(b) Are a | ıll subordınate ded2 | s Tyes TNo |
| | | | | | st (see instructions) |
| I Ta | x-exempt status | ▼ 501(c)(3) | H(c) Grou | ıp exemption i | number ► |
| J W | ebsite: ► WV | VW GOODWILL ORG | | | |
| K For | m of organizatior | Corporation Trust Association Other ► | L Year of fo | rmation 1910 | M State of legal domicile M |
| Pa | rt I Sum | nmary | | | |
| Governance | INDIVID HELPING | LL INDUSTRIES INTERNATIONAL, INC WORKS TO ENHANCE THE UALS AND FAMILIES BY STRENGTHENING COMMUNITIES, ELIMIN SPEOPLE IN NEED REACH THEIR FULL POTENTIAL THROUGH LEAR THE POTENTIAL THROUGH LEAR | ATING BARI NING AND ⁻ | RIERS TO OP | PORTUNITY, AND OF WORK |
| | | · | | 1 | 1 |
| Activities & | | of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b) | | . 3 | 32 |
| Ĭ | | mber of individuals employed in calendar year 2015 (Part V, line 2a) . | | | 162 |
| ď | | mber of volunteers (estimate if necessary) | | 6 | 34 |
| | | related business revenue from Part VIII, column (C), line 12 | | 7a | -6,695 |
| | b Net unrel | ated business taxable income from Form 990-T, line 34 | | . 7b | -19,628 |
| | | | Pric | r Year | Current Year |
| a. | 8 Contr | ibutions and grants (Part VIII, line 1h) | | 18,926,875 | 20,658,013 |
| Revenue | | am service revenue (Part VIII, line 2g) | | 23,432,494 | 23,977,463 |
| ž | | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | 337,383 | 322,460 |
| | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 95,809 | -16,632 |
| | 12 Total 12) | Tevenue—add imes o tinough II (must equal Part VIII, column (A), me | | 42,792,561 | 44,941,304 |
| | 13 Grant | s and similar amounts paid (Part IX, column (A), lines $1-3$) | | 18,427,331 | 17,939,727 |
| | | its paid to or for members (Part IX, column (A), line 4) | | 0 | (|
| 8 | 15 Saları 5–10 | es, other compensation, employee benefits (Part IX, column (A), lines) | | 17,369,052 | 17,787,498 |
| <u>⊕</u> | 16a Profe | ssional fundraising fees (Part IX, column (A), line 11e) | | 0 | (|
| Expenses | b Total fo | undraising expenses (Part IX, column (D), line 25) ▶ 512,072 | | | |
| _ | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 10,197,141 | 9,975,326 |
| | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 45,993,524 | 45,702,55 |
| . 01 | 19 Rever | nue less expenses Subtract line 18 from line 12 | - | -3,200,963 | -761,247 |
| sets or stances | | | Beginning o | of Current Year | End of Year |
| % ₩ | 20 Total | assets (Part X, line 16) | 1 | 34.039.625 | 32,028,358 |

Signature Block Part II

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Net assets or fund balances Subtract line 21 from line 20

Total liabilities (Part X, line 26) .

| Sign |
|------|
| Here |

***** Signature of officer JIM GIBBONS PRESIDENT AND CEO Type or print name and title

Paid **Preparer Use Only**

22

Print/Type preparer's name DEBORAH G KOSNETT Preparer's signature DEBORAH G KOSNETT Firm's name F Tate and Tryon Firm's address ► 2021 L Street NW Suite 400 Washington, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructio

| , | , |
|----------|--|
| Part III | Statement of Program Service Accomplishments |

| • | | | | | | | | | | _ |
|---|---|-----------------------------|--|---|---|-------|---|---|---|----|
| | Check if Schedule O contains a response or note to an | w line in thic Bart III | | | | | | | | Г. |
| | CHECK II SCHEUUIE O CUIITAIIIS A TESDUIISE UI HUTE TU AII | IV IIIIE III LIIIS FAIL III | | - | - | - | - | - | - | -1 |

Briefly describe the organization's mission

Goodwill works to enhance the dignity and quality of life of individuals and families by strengthening communities, eliminating barriers to opportunity, and helping people in need reach their full potential through learning and the power of work

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 20,849,034 including grants of \$ 17,244,137) (Revenue \$ 0)

GOODWILL INDUSTRIES INTERNATIONAL, INC (GII) RECEIVES SPONSOREDPROGRAMS AND GRANTS FROM THE DEPARTMENT OF LABOR, DEPARTMENT OF JUSTICE AND NUMEROUS PRIVATE FOUNDATIONS GII SUBGRANTS MOST OF THESE FUNDS TO GOODWILL MEMBERS FEDERAL U.S. DEPARTMENT OF LABOR. FOR JULY 2014 THROUGH JUNE 2015, GII WAS AWARDED \$11 MILLION FOR THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)TO PROVIDE LOW-INCOME SENIORS WITH JOB TRAINING VIA PLACEMENT IN COMMUNITY SERVICE POSITIONS WITH THE GOAL OF ACHIEVING UNSUBSIDIZED EMPLOYMENT FOR JULY 2015 THROUGH JUNE 2016, GII WAS AWARDED AN ADDITIONAL \$11 MILLION FOR THE SAME PURPOSE FOR JULY 2014 THROUGH JUNE 2015, GII WAS AWARDED \$155,000 TO ENHANCE SCSEP TO ACHIEVE IMPROVED UNSUBSIDIZED JOB PLACEMENTS THROUGH INCREASED EMPLOYER ENGAGEMENT AND ENHANCED SERVICES TO SCSEP PARTICIPANTS THROUGH PARTNERSHIPS AND EXPANDED TRAINING OPTIONS SIX GOODWILL MEMBERS IMPLEMENTED SCSEP PROGRAMS IN THEIR COMMUNITIES U.S. DEPARTMENT OF JUSTICE FOR OCTOBER 2011 THROUGH JUNE 2015, GII WAS AWARDED \$5 MILLION FOR 10 GOODWILL MEMBERS TO SERVE YOUTH WITH GOODGUIDES CAREER-FOCUSED YOUTH MENTORING FOR OCTOBER 2013 THROUGH SEPTEMBER 2016, GII WAS AWARDED ANOTHER \$9 MILLION FOR 22 GOODWILL MEMBERS TO SERVE YOUTH WITH CAREER FOCUSED YOUTH MENTORING FOR SEPTEMBER 2015 THROUGH MARCH 2018, GII WAS AWARDED ANOTHER \$3 MILLION FOR 13 GOODWILL MEMBERS TO SERVE YOUTH WITH CAREER-FOCUSED YOUTH MENTORING FOUNDATIONS WALMART FOUNDATION FOR AUGUST 2012 THROUGH MAY 2015, THE WALMART FOUNDATION AWARDED GII A \$8 MILLION GRANT FOR BEYOND JOBS, A COMPREHENSIVE PROGRAM OF CAREER DEVELOPMENT SERVICES FOR UNEMPLOYED AND UNDEREMPLOYED WOMEN THAT IS SUBGRANTED TO 45 GOODWILL MEMBERS TO SERVE 12,000 INDIVIDUALS THE PROGRAM INCLUDES JOB TRAINING AND RETENTION SERVICES WITH WRAP-AROUND FAMILY SUPPORTS WITH A FOCUS ON MEETING THE NEEDS OF LOCAL INDUSTRIES SO PARTICIPANTS CAN LEVERAGE SUSTAINABLE RESOURCES VIA CAREERS FOR JULY 2013 THROUGH APRIL 2017, THE WALMART FOUNDATION AWARDED GII A GRANT OF \$5 MILLION FOR OPERATION GOODJOBS 2 0 TO SUPPORT 12 GOODWILL MEMBERS IN EQUIPPING 4,000 VETERANS AND THEIR FAMILIES TO SECURE EDUCATION, TRAINING AND SUPPORTIVE SERVICES NECESSARY TO BECOME FINANCIALLY STRONG THE PROGRAM FOCUSES ON GOODWILL COMMUNITIES WITH A HIGH CONCENTRATION OF VETERANS, ESPECIALLY NATIONAL GUARD, RESERVES, AND VETERANS OF OPERATION ENDURING FREEDOM (OEF) FOR JULY 2014 THROUGH APRIL 2016, THE WALMART FOUNDATION AWARDED GII AN ADDITIONAL \$921,000 GRANT FOR MYFREETAXES TO EXPAND ACCESS TO AND USE OF FREE TAX PREPARATION SERVICES AMONG LOWER-INCOME INDIVIDUALS AND FAMILIES THROUGHOUT THE U S IT COMBINES TRADITIONAL VITA VOLUNTEER TAX PREPARATION WITH INNOVATIVE, ONLINE SELF-PREPARATION AND FILING TOOLS THAT CAN ENGAGE NEW FILERS CATERPILLAR FOUNDATION FOR JUNE 2012 THROUGH MAY 2016, THE CATERPILLAR FOUNDATION AWARDED GII A \$509,000 GRANT FOR THE EXPANSION OF THE GOODWILL MODEL IN BRAZIL TO PROMOTE EMPLOYMENT, TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH DISABILITIES BANK OF AMERICA CHARITABLE FOUNDATION FOR JANUARY 2013 THROUGH AUGUST 2015, BANK OF AMERICA CHARITABLE FOUNDATION AWARDED GII A \$500,000 GRANT FOR THE VESTED IN VETS PROGRAM THE FUNDS ARE USED TO HELP 1,000 VETERANS AND THEIR FAMILY MEMBERS IN TWENTY COMMUNITIES TO CONNECT WITH THE EDUCATION, TRAINING AND SUPPORTS THEY NEED TO SUCCEED THE GRANT IS ALSO PROVIDING SUPPORT FOR THE DEVELOPMENT OF A VETERAN CAREER NAVIGATION TOOLKIT FOR AUGUST 2015 THROUGH JULY 2017, BANK OF AMERICA CHARITABLE FOUNDATION AWARDED GII \$500,000 TO SUPPORT MIDDLE SKILL CAREER PATHWAYS THROUGH COLLEGE READINESS AND BUSINESS ENGAGEMENT RESOURCES AND TRAINING ANNIE E CASEY FOUNDATION FOR JANUARY THROUGH DECEMBER 2015, THE ANNIE E CASEY FOUNDATION AWARDED GII A \$264,000 GRANT FOR INITIATIVES THAT CONNECT FAMILIES TO SERVICES, SUPPORT AND RESOURCES THEY NEED TO ACHIEVE ECONOMIC INDEPENDENCE GOIZUETA FOUNDATION FOR JANUARY 2013 THROUGH JUNE 2016, THE GOIZUETA FOUNDATION AWARDED GII AND FOUR GEORGIA GOODWILLS \$3 2 MILLION FOR THE ENHANCEMENT AND SUPPORT OF COMPREHENSIVE LATINO/HISPANIC INITIATIVES IN GEORGIA'S HISPANIC COMMUNITIES AND RESOURCES TO ADVANCE DIVERSITY, INCLUSION AND EQITABLE OUTCOMES ACCENTURE FROM DECEMBER 2013 THROUGH DECEMBER 2016, ACCENTURE AWARDED GII A \$1 5 MILLION GRANT FOR BUILDING CAPACITY AND PROVIDING ONLINE SUPPORT FOR 40 MEMBER GOODWILLS AND THEIR PARTICIPANTS IN THE GOODPROSPECTS FOR CREDENTIALS TO CAREERS PROGRAM TRACFONE FOR JANUARY THROUGH DECEMBER 2015, TRACFONE WIRELESS AWARDED GII \$50,000 TO SUPPORT EDUCATION OF GOODWILL MEMBERS REGARDING SAFELINK, A GOVERNMENT SUPPORTED PROGRAM THAT PROVIDES FREE CELL PHONE AND AIRTIME EACH MONTH FOR INCOME-ELIGIBLE CUSTOMERS DULIN ENDOWMENT FOR JANUARY THROUGH DECEMBER OF 2015, THE DULIN FOUNDATION AWARDED GII A \$50,000 GRANT TO SUPPORT TRAINING AND LEADERSHIP DEVELOPMENT FOR GOODWILL MEMBERS MCKINSEY SOCIAL INITIATIVE FOR JULY 2014 THROUGH JANUARY 2015, MCKINSEY AWARDED GII \$25,000 TO SUPPORT THE INITIATION OF ITS GENERATIONS YOUTH OPPORTUNITY PROGRAM WITH ONE OR MORE GOODWILL MEMBERS MASTERCARD FOUNDATION FOR DECEMBER 2015 THROUGH NOVEMBER 2016, MASTERCARD FOUNDATION AWARDED \$500,000 TO GII TO ENHANCE MEMBER SERVICES IN CAREER AND FINANCIAL WELLNESS

4b (Code) (Expenses \$ 19,880,787 including grants of \$ 663,590) (Revenue \$ 21,631,659)

GOODWILL INDUSTRIES INTERNATIONAL, INC FUNCTIONS AS A MEMBER ASSOCIATION, COMPRISED OF A NETWORK OF INDEPENDENT, COMMUNITY-BASED GOODWILL AGENCIES, AND PROVIDING PRODUCTS, SERVICES AND EXPERTISE THAT SUPPORT THE LOCAL GOODWILL ORGANIZATIONS EACH LOCAL GOODWILL AGENCY IS AN AUTONOMOUS MEMBER OF GOODWILL INDUSTRIES INTERNATIONAL, INC THIS INDEPENDENCE AFFORDS LOCAL GOODWILL THE FLEXIBILITY TO RESPOND TO COMMUNITY NEEDS AND OPPORTUNITIES DIRECT SERVICES TO LOCAL GOODWILL MEMBERS INCLUDE - MISSION ADVANCEMENT AND BUSINESS CONSULTATIONS- DONATED GOODS RETAIL CONSULTING SERVICES- ADVISORY SUPPORT TO LOCAL GOODWILL BOARDS OF DIRECTORS IN EXECUTIVE SEARCHES-LEARNING OPPORTUNITIES FOR LOCAL GOODWILL STAFF- PUBLIC WEBSITE, EXTRANET AND KNOWLEDGE RESOURCES- FINANCIAL AND MANAGEMENT ANALYSES-NATIONAL AND LOCAL MARKETING AND PUBLIC RELATIONS MATERIALS- GOODTRAK CLIENT TRACKING SOFTWARE SYSTEM- MEDIA RELATIONS AND MARKETING-BENCHMARKING RESEARCH- CONFERENCES AND LEARNING EVENTS- CONSULTATION AND TECHNICAL ASSISTANCE- PUBLIC POLICY - RESEARCH AND DATA ANALYSIS- RESOURCE DEVELOPMENT- MYGOODWILL EXTRANET FOR GOODWILL MEMBERS- PROFESSIONAL DEVELOPMENT PROGRAMS FOR EXECUTIVES AND SENIOR STAFF- LICENSING OF THE GOODWILL BRAND

4c (Code) (Expenses \$ 1,524,657 including grants of \$ 32,000) (Revenue \$ 2,345,804)

GOODWILL INDUSTRIES INTERNATIONAL, INC FUNCTIONS AS A MEMBER ASSOCIATION, COMPRISED OF A NETWORK OF INDEPENDENT, COMMUNITY-BASED GOODWILL AGENCIES, AND PROVIDING PRODUCTS, SERVICES AND EXPERTISE THAT SUPPORT THE LOCAL GOODWILL ORGANIZATIONS EACH LOCAL GOODWILL AGENCY IS AN AUTONOMOUS MEMBER OF GOODWILL INDUSTRIES INTERNATIONAL, INC THIS INDEPENDENCE AFFORDS THE LOCAL GOODWILL THE FLEXIBILITY TO RESPOND TO COMMUNITY NEEDS AND OPPORTUNITIES SUPPORT SERVICES TO LOCAL GOODWILL MEMBERS INCLUDE - STRATEGIC SOURCING PROGRAMS-GOVERNMENT RELATIONS- CAUSE MARKETING- - INTERNATIONAL DEVELOPMENT

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 42,254,478

| | 990 (2015) | | | Page 3 |
|-----|---|-----|-----|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 | 2 | Yes | <u> </u> |
| 3 | 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 | | No |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | 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," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2 | 11b | | No |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| 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 | Yes | |

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants_or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

 $\hbox{Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part } \\$

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line $9a^2$ If

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV \ldots \ldots

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 🐯

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

16

17

18

19

Yes

Νo

Νo

Νo

Νo

Νo

15

16

17

18

19

20a

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----------------|--------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 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 | Yes | |
| 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 employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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 | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | 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 | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 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 | | No |
| 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? If "Yes," complete Schedule L, Part I | 25b | | No |
| 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 | | No |
| 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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 | | No |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | | orm 99 6 | 1/201E |

| | 990 (2015) | | | | | Page |
|-----|--|----------------|---------------------------|----------|--|------|
| Par | t V Statements Regarding Other IRS Filings and Tax Complian | | M | | | _ |
| | Check if Schedule O contains a response or note to any line in thi | is Part | V | <u> </u> | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . | . 1a | 114 | | 163 | NO |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments gaming (gambling) winnings to prize winners? | | dors and reportable | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered | | | | | |
| _ | by this return | 2a | 162 | 2b | Yes | |
| b | If at least one is reported on line 2a, did the organization file all required federal ei Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-f | | | 20 | 165 | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more dur | | | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explana | ation in S | Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)? \cdot | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ba (FBAR) | ink and | Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time du | rıng the | tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibite | d tax sh | nelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | <u> </u> | | |
| _ | | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$ organization solicit any contributions that were not tax deductible as charitable co | ntributi | ons? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement were not tax deductible? | that su | ch contributions or gifts | 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. | ution an | d partly for goods and | 7a | | No |
| | services provided to the payor? | | | 7a 7b | | 110 |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal prop | | | | | |
| | file Form 8282? | ; . | | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a | a persor | nal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a per | rsonal b | enefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the required? | organı: | zation file Form 8899 as | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehic Form 1098-C? | | the organization file a | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess I during the year? | busines • • | s holdings at any time | 8 | | |
| Qa | Did the sponsoring organization make any taxable distributions under section 496 | 662 | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or r | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | u p | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them) | s 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 9 | 90 ın lıe | eu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state additional information the organization must report on Schedule O | ?Note. 9 | See the instructions for | 13a | | |
| h | Enter the amount of reserves the organization is required to maintain by the states | s | I | a | | |
| | in which the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the transfer of the property of the propert | ax year | ? | 14a | | Νo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an expla | nation ii | n Schedule O | 14b | | |

| Dart VI | Governance, Management, and Disclosure | |
|---------|--|--|
| Fait VI | dovernance, management, and bisclosure | |

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ection A. Governing Body and Management | • | | • | | , |
|--|--|--|--|--|---|-----|
| <u> </u> | section A. Governing body and Management | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 32 | | | |
| | 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 | 1b | 32 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | relationship with any | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since filed? | e the p | orior Form 990 was | 4 | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | Νo |
| 6 | Did the organization have members or stockholders? | | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | elect or appoint one or | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body? | | members, stockholders, | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons ui | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not | requi | ired by the Internal R | Reveni | ıe Cod | e.) |
| | | | rea by the internal | | | |
| | | • | • | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization | tıvıtıe on's e | s of such chapters, exempt purposes? | 10a 10b | Yes | |
| b L1a | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? | tivitie on's e ts gov | s of such chapters, exempt purposes? erning body before filing | 10a 10b | Yes Yes | |
| b L1a | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it | tivitie on's e ts gov | s of such chapters, exempt purposes? erning body before filing | 10a 10b | Yes Yes Yes | |
| b L1a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form? | tivitie on's e ts gov | s of such chapters, exempt purposes? erning body before filing | 10a 10b | Yes Yes Yes | |
| b L1a b L2a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? | tivitie on's e ts gov Form S ly inte | s of such chapters, exempt purposes? erning body before filing erning body before filing erning body before filing erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes | |
| b L1a b L2a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FO Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual | tivitie on's e ts gov Form S | s of such chapters, exempt purposes? erning body before filing erning body before filing erning body before filing erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes Yes | |
| b L1a b L2a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with | tivitie on's e ts gov Form S | s of such chapters, exempt purposes? erning body before filing erning body before filing erning body before filing erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes Yes Yes | |
| b L1a b L2a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. | tivitie on's e ts gov Form S | s of such chapters, exempt purposes? erning body before filing erning body before filing erning body before filing erning body before filing | 10a 10b 11a 12a 12b | Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a b c | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FO Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? | tivitie on's e ts gov Form 9 Ity inte Ithe p | s of such chapters, exempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a b c 13 14 | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev | tivitie on's e ts gov - - - - - - - - - - - - - - - - - - - | s of such chapters, exempt purposes? erning body before filing 990 | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a c c 13 14 | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the | tivitie on's e ts gov - - - - - - - - - - - - - - - - - - - | s of such chapters, exempt purposes? erning body before filing 990 | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes Yes Yes Yes | |
| b 11a b 12a c c 13 14 | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official | tivitie on's e ts gov - - - - - - - - - - - - - - - - - - - | s of such chapters, exempt purposes? erning body before filing 990 | 10a 10b 11a 12a 12b 12c 13 14 | Yes | |
| b 11a b 12a b c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization | tivitie on's e ts gov - - - - - - - - - - - - - - - - - - - | s of such chapters, exempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 | Yes | |
| b 11a b 12a b c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take | tivitie on's e ts gov form S ily inte in the p ilew ar ne deli in the p or sim ilization e step | s of such chapters, exempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes | No |
| b 11a b 12a b 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD or Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements? | tivitie on's e ts gov form S ily inte in the p ilew ar ne deli in the p or sim ilization e step | s of such chapters, exempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes | No |
| b 11a b 12a b c 13 14 15 a b | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take | tivitie on's e ts gov form S ily inte in the p ilew ar ne deli in the p or sim ilization e step | s of such chapters, exempt purposes? erning body before filing | 10a 10b 11a 12a 12b 12c 13 14 15a 15b | Yes | No |

 ${\sf PA}$, ${\sf RI}$, ${\sf SC}$, ${\sf TN}$, ${\sf UT}$, ${\sf VA}$, ${\sf WV}$, ${\sf WI}$, ${\sf MO}$

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply own website Another's website Upon request Other (explain in Schedule O)
 - 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Jeffrey mccaw 15810 Indianola Drive rockville, MD 208552639 (301) 530-6500

Part VII

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

- 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage | | | | | heck | | (D) Reportable | (E) Reportable compensation from related organizations | (F) Estimated |
|------------------------------|---|-----------------------------------|-----------------------|------------------------|--------------|------------------------------|--------|--|--|--|
| | hours per week (list any hours | more t perso and | than o | one l both ector | oox, an o | unless officer stee) | | compensation from the organization (W- | | amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| e Addıtıonal Data Table | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | | | | - 1 | | | | | | |
|---|---|-----------------------------------|--------------------------|------------------------|--------------|---|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more t perso and a | tion (han d in is | one b both ector | an o | unless fficer tee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Former Highest compensated employee | | , | | related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | • | | | • | | | | |
| c Total from continuation sheetd Total (add lines 1b and 1c) . | s to Part VII, So | | | • | ٠. | | | 2,301,580 | 0 | 474,593 |
| 2 Total number of individuals (in | | | | se l | ısted | | e) wł | | an | • |
| \$100,000 of reportable compe | | | | | | | -, **1 | | | |

| | _ | | 165 |
|---|---|---|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | |
| | on line 1 a? If "Yes," complete Schedule J for such individual | 3 | Yes |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the | | |
| | organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | |
| | ındıvıdual | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | | |
| | services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | |

| | Yes | No |
|---|-----|----|
| | | |
| 3 | Yes | |
| | | |
| 4 | Yes | |
| | | |
| 5 | | No |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-------------------------------------|----------------------------|
| The Advertising Council | Consulting services | 259,677 |
| 815 Second Ave 9th Floor New York, NY 10017 | | |
| Tango Analytics LLC | Consulting services | 217,777 |
| 5525 North Macarthur Blvd Suite 45 Irving, TX 75038 | | |
| Gallup | Consulting services | 156,000 |
| 1001 Gallup Dr Omaha, NE 68102 | | |
| EMSI | Technology development services | 111,610 |
| 409 S Jacison St Moscow, ID 83843 | | |
| Capitol Hill Partners LLC | Lobbying/Advocacy work | 106,000 |
| 122 C Street NW Suite 650 Washington, DC 20001 | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 5

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| Part V | 711 | Statement o | f Revenue | | | | | r age 5 |
|---|------------|---|--|------------------------|----------------------|--|---|--|
| | | Check If Sched | ule O contains a respoi | nse or note to any lir | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| (0 | 1a | Federated cam | paigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership du | ues 1b | | | | | |
| Ğ. | С | Fundraising ev | ents 1 c | | | | | |
| iffs ar / | d | Related organiz | zations 1d | | | | | |
| s, G imil | е | Government grant | es (contributions) 1e | 15,072,915 | | | | |
| Contributions, Giffs, and Other Similar A | f | | ons, gifts, grants, and 1f | 5,585,098 | | · | | |
| lbut the | q | sımılar amounts no Noncash contributi | ot included above ions included in lines | | | | | |
| a di | | 1a-1f \$ | | | 20 650 042 | | | |
| <u>ರ ೯</u> | h | Total. Add line | s 1 a - 1 f | · · · • | 20,658,013 | | | |
| e E | 3- | MEMBERGUIR | | Business Code | | | | |
| Program Serwce Revenue | 2a b | MEMBERSHIP DUE | EMINARS, AND LEARNI | 900099 | 20,593,232 | 20,593,232 | 4.000 | |
| ው ጁ | C | OTHER PROGRAM | | 900099 | 1,445,432 997,270 | 1,440,532 997,270 | 4,900 | |
| r W | d | GOODTRAK | SERVICES | 900099 | 493,787 | 493,787 | | |
| જુ | e | STRATEGIC SOUR | CING CENTER | 541900 | 370,613 | 370,613 | | |
| gran | f | All other progra | am service revenue | | 77,129 | 77,129 | | |
| ٥ | q | Total . Add line | s 2a - 2f | | 23,977,463 | | | |
| | 3 | | ome (including dividen | | | | | |
| | ١, | | ar amounts) stment of tax-exempt bond | | 196,047 | | | 196,047 |
| | 5 | | | proceeds | | | | |
| | | ito y aicies 1 | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 274,539 | | | | | |
| | ь | Less rental | 336,347 | | | | | |
| | c | expenses Rental income | -61,808 | | | | | |
| | d | or (loss) Net rental inco | me or (loss) | | -61,808 | | -11,595 | -50,213 |
| | _ | | (ı) Securities | (II) O ther | | | · | |
| | 7a | Gross amount from sales of assets other than inventory | 7,219,264 | | | | | |
| | ь | Less cost or other basis and sales expenses | 7,092,851 | | | | | |
| | С | Gain or (loss) | 126,413 | | | | | |
| | d | | ss) | | 126,413 | | | 126,413 |
| Other Revenue | 8a | Gross income f events (not inc \$ | luding s reported on line 1c) | | | | | |
| Ā | | • | a | | | | | |
| 퇃 | b | | penses b | | | | | |
| | 9a | Gross income f | (loss) from fundraising from gaming activities ne 19 a | events p | | | | |
| | b | Less direct ex | penses b | | | | | |
| | С | Net income or | (loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | b | | oods sold b | | | | | |
| | c | Net income or Miscellaneou | (loss) from sales of inv | entory | | | | |
| | 11a | BAD DEBT EXI | | 900099 | 39,494 | | | 39,494 |
| | | RECOVERY | | | | | | |
| | b | MISCELLANE | OUS REVENUE | 900099 | 5,682 | | | 5,682 |
| | d | All other reven | ue | | | | | |
| | e | | s 11a-11d | ► | | | | |
| | 12 | | See Instructions . | | 45,176 | | | |
| | | | | | 44,941,304 | 23,972,563 | -6,695 | 317,423 |

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a response or note to any line in | this Part IX | | | |
|----|--|--------------------------------|---|---|---------------------------------------|
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraısıng expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 17,904,187 | 17,904,187 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 17,540 | 17,540 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 18,000 | 18,000 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,533,817 | 1,333,083 | 163,100 | 37,634 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 12,496,589 | 10,827,152 | 1,354,964 | 314,473 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 938,743 | 826,589 | 91,593 | 20,561 |
| 9 | Other employee benefits | 1,858,306 | 1,636,289 | 181,316 | 40,701 |
| 10 | Payroll taxes | 960,043 | 835,894 | 107,152 | 16,997 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 179,760 | 145,739 | 33,994 | 27 |
| C | Accounting | 74,855 | 35,825 | 38,464 | 566 |
| d | Lobbying | 138,400 | 138,400 | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 33,607 | 11,470 | 21,821 | 316 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,483,203 | 3,252,807 | 193,866 | 36,530 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 348,974 | 282,658 | 64,555 | 1,761 |
| 14 | Information technology | 307,695 | 266,661 | 41,034 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,391,560 | 937,365 | 448,854 | 5,341 |
| 17 | Travel | 699,741 | 651,912 | 33,482 | 14,347 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,822,645 | 1,616,239 | 191,924 | 14,482 |
| 20 | Interest | 72,517 | 32,617 | 39,382 | 518 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,005,413 | 793,376 | 209,498 | 2,539 |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered 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) | | | | |
| а | PROFESSIONAL DUES | 371,771 | 360,672 | 7,401 | 3,698 |
| b | SEMINAR & TRAINING | 260,478 | 246,554 | 13,184 | 740 |
| c | EMPLOYEE RELATIONS | 86,079 | 49,717 | 35,910 | 452 |
| d | Printing & Publications | 34,636 | 33,732 | 515 | 389 |
| e | All other expenses | -336,008 | · | -336,008 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 45,702,551 | 42,254,478 | 2,936,001 | 512,072 |
| 26 | 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | · |

Form 990 (2015) Page 11 Part X **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 1 Cash-non-interest-bearing 1 2 3.710.223 2 3.399.634 Savings and temporary cash investments 2,455,325 2,413,176 3 Pledges and grants receivable, net 3 988.140 932.372 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 7 8 R 485 264 518 922 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 15,703,765 Complete Part VI of Schedule D 10a b 10b 8.009.027 7,822,050 10c 7,694,738 Less accumulated depreciation 18,416,658 16,925,039 11 11 54,500 12 54,500 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 55,000 14 55,000 14 52,465 34,977 15 15 34,039,625 16 32,028,358 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,209,777 6,377,810 17 17 820,016 18 810,000 18 541,477 19 503.778 19 20 1,448,491 20 1,327,329 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 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 of Schedule D 21,883 25 21,883 9.040,800 26 10,041,644 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Balances lines 27 through 29, and lines 33 and 34. 15,473,071 15,359,343 27 27 28 7,203,930 6,340,224 28 Fund 29 1,320,980 29 1,287,991 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 23,997,981 33 22,987,558

Total liabilities and net assets/fund balances

32.028.358

34.039.625

34

| | 1990 (2013) | | | | Page ⊥ ∡ |
|-----|--|----------|----|------|-----------------|
| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | F |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 44,9 | 941,304 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 45, | 702,551 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | - 7 | 761,247 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 23,9 | 997,981 |
| 5 | Net unrealized gains (losses) on investments | 5 | | - ; | 270,338 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 21,162 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 22,9 | 987,558 |
| Par | t XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash 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 | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalues a separate basis, consolidated basis, or both | iewed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both | parate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountar | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | n in | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133? | the | За | Yes | |
| 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 | Yes | |

Software ID: Software Version:

EIN: 53-0196517

Name: GOODWILL INDUSTRIES INTERNATIONAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Inde (A) Name and Title | (B) A verage hours per week (list any hours | Posit more th perso and a | ion (han o n is b | ne b ooth ctor, | ox, u an of trus | inless fficer tee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and | |
|---|---|------------------------------------|--------------------------|-----------------------|------------------------|---------------------------------|--------|---|---|--|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2,2005 11000, | 2,2009 11200, | related organizations | |
| Brian Itzkowitz | 2 00 | X | | x | | | | 0 | 0 | 0 | |
| BOARD MEMBER/Chair | 0 00 | | | | | | | | | | |
| Larry Ishol | | x | | | | | | 0 | 0 | 0 | |
| Board Member/ Immediate Past Chair Larry DeJarnett | 0 00 | | | | | | | | | | |
| BOARD MEMBER/Vice Chair | | х | | Х | | | | 0 | 0 | 0 | |
| Karla Grazier | 2 00 | | | | | | | | | | |
| BOARD MEMBER/TREASURER | 0 00 | Х | | Х | | | | 0 | 0 | 0 | |
| Jeffrey Van Doren | 2 00 | | | | | | | _ | _ | _ | |
| BOARD MEMBER/SECRETARY | 0 00 | X | | X | | | | 0 | 0 | 0 | |
| Ron Johnson | 2 00 | х | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | _ ^ | | | | | | Ů | 0 | Ů | |
| Michelle Belknap | 2 00 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | | | | | | | | | | |
| Tony Bell | 2 00 | x | | | | | | 0 | 0 | o | |
| BOARD MEMBER | 0 00 2 00 | | | | | | | | | | |
| Sue Bohaichuk BOARD MEMBER | | x | | | | | | 0 | 0 | o | |
| Rich Borer | 2 00 | | | | | | | | | | |
| BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | o | |
| Phil Boyce | 2 00 | | | | | | | | | | |
| BOARD MEMBER | 2 00 | X | | | | | | 0 | 0 | 0 | |
| Clark Brekke | 2 00 | х | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | | | | | | | Ů | | Ŭ | |
| Diana Burley | 2 00 | × | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | | | | | | | | | | |
| Kathy Crosby | | x | | | | | | 0 | 0 | o | |
| BOARD MEMBER Mark Garrett | 0 00 | | | | | | | | | | |
| BOARD MEMBER | | × | | | | | | 0 | 0 | 0 | |
| Joanne Hilferty | 2 00 | | | | | | | | | | |
| BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | |
| Dale Jenkins | 2 00 | | | | | | | | | _ | |
| BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | |
| Michael Kempner | 2 00 | x | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | | | | | | | Ů | | Ů | |
| Steve Lufburrow | 2 00 | x | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 2 00 | | | | | | | | | | |
| Joan McCabe | | х | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER Rob Morton | 0 00 2 00 | | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 | |
| Akhil Nigam | 2 00 | | | | | | | | | | |
| BOARD MEMBER | 0 00 | X | | | | | | 0 | 0 | 0 | |
| Michelle Quintyn | 2 00 | ., | | | | | | | _ | _ | |
| BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 | |
| Bob Rosinsky | 2 00 | х | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | | 1 | | | | | | | | |
| Lisa Rusyniak | 2 00 | x | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER | 0 00 | ĺ | 1 | 1 | 1 | | 1 | | | | |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Indo | | ntracto | | | | | | l l | | l I |
|---|---|--------------------|---------------|------|----------------|------------------|--------|---|---|---|
| (A) Name and Title | | | ion (d | ne b | ox, u an of | ınless fficer | 5 | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustee | Institutional | | | | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| | | ustee | Trustee | | 88 | npensated | | | | |
| Sam Schmitz BOARD MEMBER | 0 00 | x | | | | | | 0 | 0 | 0 |
| Mike Sekits BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| Fred Shelfer Jr | 2 00 | | | | | | | | | |
| BOARD MEMBER | 0 00 | Х | | | | | | 0 | 0 | 0 |
| Laura Smith BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| Lorna Utley BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| John Wickland BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| Michael Wirth-Davis BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| Carlos Artola BOARD MEMBER (Thru 06/30) | 2 00 | х | | | | | | 0 | 0 | 0 |
| Phyllis Bandstra BOARD MEMBER (Thru 06/30) | 2 00 | х | | | | | | 0 | 0 | 0 |
| Jeffry Golden | 2 00 | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (Thru 06/30) Brenda Gumbs | 0 00 2 00 | | | | | | | | | |
| BOARD MEMBER (Thru 06/30) | 0 00 | Х | | | | | | 0 | 0 | 0 |
| Gidget Hopf BOARD MEMBER (Thru 06/30) | 0 00 | х | | | | | | 0 | 0 | 0 |
| Donna Miller BOARD MEMBER (Thru 06/30) | 2 00 0 00 | х | | | | | | 0 | 0 | 0 |
| Tommy Moore BOARD MEMBER (Thru 06/30) | 2 00 | x | | | | | | 0 | 0 | 0 |
| Robert Smith BOARD MEMBER (Thru 06/30) | 2 00 | х | | | | | | 0 | 0 | 0 |
| James Gibbons President and CEO | 40 00 | | | х | | | | 585,604 | 0 | 126,598 |
| Jeffrey McCaw Chief Financial Officer | 38 00 | | | х | | | | 223,348 | 0 | 65,377 |
| Alexander Sanchez Chief Operating Officer | 38 00 | | | х | | | | 193,509 | 0 | 36,463 |
| Kımberly Zımmer | 40 00 | | | | х | | | 235,961 | 0 | 66,957 |
| Judith Branzelle | 40 00 | | | | | х | | 216,073 | 0 | 31,750 |
| Chief Legal Officer & General Counsel Wendi Copeland | 40 00 | | | | | х | | 206,428 | 0 | 36,544 |
| SVP Strategy & Advancement Lucy Tannozzini | 0 00 | | | | | X | | 195,678 | 0 | 35,370 |
| VP HR and Organizational Development Michael Meyer | 0 00 | | | | | x | | | 0 | |
| VP of Donated Goods and Retail Marketing Paul Downes | 0 00 | | | | | | | 180,976 | U | 28,999 |
| VP Information Technologies | 0 00 | | | | | Х | | 161,585 | 0 | 44,265 |
| Steven E Krotonsky Former COO | 9 00 | | | | | | х | 102,418 | 0 | 2,270 |
| | | | | | | | | | | |

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As Filed Data -

DLN: 93493123012856

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

| GOOD' | WILL IN | IDUSTRIES INTERNATIONAL I | INC | | | | | |
|-------|----------|---|-----------------------------------|--|--|----------------------------------|-----------------------------|-----------------------------|
| | | | | | | | 53-0196517 | |
| Pa | rt I | Reason for Publi | c Charity S | tatus (All organiza | itions must co | mplete this p | part.) See instruction | ns. |
| The | organı | zation is not a private fo | oundation beca | ause it is (For lines 1 | through 11, ch | eck only one b | ox) | |
| 1 | Γ | A church, convention | of churches, o | r association of churc | hes described i | n section 170(l | b)(1)(A)(i). | |
| 2 | Γ | A school described in | section 170(b |)(1)(A)(ii).(Attach So | chedule E (Form | n 990 or 990-E | Z)) | |
| 3 | Γ | A hospital or a cooper | atıve hospıtal | service organization o | described in sec | tion 170(b)(1) | (A)(iii). | |
| 4 | Γ | A medical research or hospital's name, city, | and state | | | | | |
| 5 | Г - | 170(b)(1)(A)(iv).(C | omplete Part I | • | • | | | lescribed in section |
| 6 | <u> </u> | A federal, state, or loc | _ | = | | | | |
| 7 | <u></u> | An organization that n described in section 1 | 70(b)(1)(A)(v | /i). (Complete Part II |) | _ | ental unit or from the g | jeneral public |
| 8 | <u> </u> | A community trust des | | | | | | |
| 9 | ļ | receipts from activitie from gross investmen | es related to it it income and | ves (1) more than 33 sexempt functions—sunrelated business tallesection 509(a)(2). | subject to certa xable income (l | in exceptions, ess section 51 | and (2) no more than | 331/3% of its support |
| 10 | Γ | An organization organ | ized and opera | ited exclusively to tes | t for public safe | ety See sectio i | n 509(a)(4). | |
| 11 | Γ | An organization organ one or more publicly s | upported orga | nızatıons described in | section 509(a |)(1) or section | 509(a)(2) See sectio | n 509(a)(3). Check |
| a | Γ | the box in lines 11a th Type I. A supporting of supported organization organization You mus | organization op n(s) the power | perated, supervised, or to regularly appoint o | r controlled by 1 r elect a majori | ts supported o | rganization(s), typical | ly by giving the |
| b | Γ | Type II. A supporting management of the su must complete Part IV | organization s pporting organ | upervised or controlle | d in connection | | = | |
| c | Γ | Type III functionally | • | | n operated in c | onnection with | , and functionally integ | grated with, its |
| | _ | supported organization | | | | | | |
| d | ı | Type III non-function | | | | | | |
| | | not functionally integr (see instructions) Yo | | | | | ement and an attentiv | eness requirement |
| e | Г | Check this box if the c | | | | | s a Type I. Type II. T | vpe III functionally |
| | · | integrated, or Type III | | | | | ,, , ,, , | ,, |
| f | Ente | r the number of support | | | | | | |
| g | | Provide the following i | nformation ab | out the supported orga | nızatıon(s) | | | |
| | | (i) | (ii)EIN | (iii) | (iv) | | (v) | (vi) |
| Nam | ne of s | f supported organization Type of organization (described on lines 1 - 9 above (see instructions)) Type of Is the organization (listed in your governing document? | | A mount of monetary support (see instructions) | Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | |
| | | | | | | ···• | | 1 |
| | | | | | | | | |
| | | | l | l | I | I | I | |

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 31,910,626 28,225,490 22,891,265 18,926,875 20,658,013 122,612,269 membership fees received (Do not include any unusual grants) 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 31,910,626 28,225,490 22,891,265 18,926,875 20,658,013 122,612,269 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly 17,712,325 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 104,899,944 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 31,910,626 28,225,490 22,891,265 18,926,875 20,658,013 122,612,269 Gross income from interest, dividends, payments received 471,524 496,970 463,680 462,161 470,586 2,364,921 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 12,373 5.701 189,693 74,636 45,176 327,579 capital assets (Explain in Part VI) Total support. Add lines 7 11 125,304,769 through 10 Gross receipts from related activities, etc (see instructions) 12 12 112,302,801 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 83 720 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 86 240 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

| مو | ction | Λ | ΔII | Sunn | ortina | Orga | nizations | |
|-----|-------|----|-----------|------|---------|-------|-------------|--|
| 361 | CUUII | м. | \sim 11 | Supp | oi aiig | OI Ua | IIIZALIUIIS | |

| | ction A. An Supporting Organizations | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 1 | 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. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? | 2 | | |
| | If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| I | 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. | 3b | | |
| • | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | 3c | | |
| | 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 "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| l | 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 | 4b | | |
| | 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. | 4c | | |
| 5a | 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). | 5a | | |
| | • 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? | 5b | | |
| • | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5с | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | 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 . | 9a | | |
| ı | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| • | Did a disqualified person (as defined in line 9(a)) 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 . | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below. | 10a | | |
| I | 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). | 10b | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| • | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| ı | A family member of a person described in (a) above? | 11b | | |
| | : A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |

| Pai | rt IV Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | · · · · · · · · · · · · · · · · · · · | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| | | | | |
| | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ŀ | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V | Type III Non-Functionally | , Integrated 509(a)(: | 3) Supporting | Organization |
|--------|---------------------------|-----------------------|-----------------|---------------|
| | I TO III I GIICGOIGII) | Tillegiatea 303(a)(| J/ Juppoi tilly | OI Gailleadol |

| Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions) | 1 2 3 4 5 6 7 8 8 | (A) Prior Year | (B) Current Yea (optional) |
|---|-----------------------|----------------|-------------------------------|
| Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) | 2 3 4 5 | | |
| Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) | 3 4 5 6 7 | | |
| Add lines 1 through 3 Depreciation and depletion 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) | 4 5 6 7 | | |
| Depreciation and depletion 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 | | |
| 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 | | |
| gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 7 | | |
| Other expenses (see instructions) | | | |
| o the expenses (see methanis) | 8 | | l |
| Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | | | |
| | <u> </u> | (A) Duan Varu | (B) Current Yea |
| Section B - Minimum Asset Amount | | (A) Prior 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) | 1 | | |
| 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 | | |
| Subtract line 2 from line 1d | 3 | | |
| Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by 035 | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | - Carrona Four |
| Enter 85% of line 1 | 2 | | |
| F- | 3 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 4 | | |
| Enter greater of line 2 or line 3 | 5 | | |
| Income tax imposed in prior year | 5 | | |
| Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in | 6 | | |

| Part V Type III Non-Functionally Integr | ated 509(a)(3) Suppor | rting Organizations (co | ontinued) |
|---|---------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | |
| 2 A mounts paid to perform activity that directly furth excess of income from activity | ers exempt purposes of supp | orted organizations, in | |
| 3 Administrative expenses paid to accomplish exemp | ot purposes of supported orga | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval re | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | uctions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| Distributions to attentive supported organizations t details in Part VI) See instructions | to which the organization is re | esponsive (provide | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| | | | |
| | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see | | | |
| instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributions of prior years | | | |
| | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |

Part VI 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).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|--|
| | miscellaneous income - 2011 Amount \$ 12,373 2012 Amount \$ 5,701 2013 Amount \$ 3,844 2014 Amount \$ 1,042 2015 Amount \$ 5,682 BAD DEBT EXPENSE RECOVERY - 2013 Amount |
| | \$ 185,849 2014 Amount \$ 73,594 2015 Amount \$ 39,494 |

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123012856

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| ٠ | Section 50 | 1(c)(4), | (5), oi | r (6) | organizations | Complete Part III |
|---|------------|----------|---------|-------|---------------|-------------------|
| | | | | | | |

Name of the organization GOODWILL INDUSTRIES INTERNATIONAL INC

Employer identification number

53-0196517

| Part I-A | Complete if the organization is exempt under section 501(c) or is a | section 527 organization. |
|----------|---|---------------------------|
| | | |

| • | Provide a description of the organization's direct and indirect political campaign activities in Part IV |
|---|--|
| | |

Political expenditures

| | - | | | |
|---|----------|--|--|--|
| | | | | |
| 3 | | | | |

Volunteer hours

| art I-B | Complete if the | organization is | exempt under | section 501(c)(3). |
|---------|-----------------|-----------------|--------------|--------------------|
| • | | | | |

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955

| • | Ti the organization in | ulled a Section 495: | o tax, ulu it ille ri | 31111 4 / 2 0 101 tills | s year |
|---|------------------------|----------------------|-----------------------|-------------------------|--------|
| | | | | | |

Was a correction made?

| \Box | Yes | N |
|--------|-----|---|
| | | |

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

| Enter the amount directly expended by the filing organization for section 527 exempt function activities |
|--|
| > |

Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities

| 3 | Total exempt function expenditures | Add lines 1 and 2 $$ | Enter here and on Form 1120-POL, | line 17b |
|---|------------------------------------|----------------------|----------------------------------|----------|

Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|--|---|------------------|--|---|
| | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| For Paperwork Reduction Act Notice, se | e the instructions for Form 990 or 990- | - EZ . Ca | at No 50084S Schedule C (| orm 990 or 990-EZ) 2015 |

| Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. | at No | 500845 | Schedule C (| Form |
|--|-------|--------|--------------|------|
|--|-------|--------|--------------|------|

| Schedule C (I | om 990 of 990-62/2015 Page | |
|---------------|--|--|
| Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election | |
| | under section 501(h)). | |

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| | Limits o | n Lobbyi | ng Expenditures | |
|---------|------------|--------------|--------------------------|-------|
| (The te | rm "expend | litures" mea | ns amounts paid or incur | red.) |
| | | | | |

(a) Filing organization's totals

(b) Affiliated group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

f b Total lobbying expenditures to influence a legislative body (direct lobbying)

 $f{c}$ Total lobbying expenditures (add lines 1a and 1b)

 $oldsymbol{d}$ O ther exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| | Calendar year (or fiscal year | | | | | |
|-------|--|-----------------|-----------------|-----------------|------------------|-----------------|
| | beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| _c | Total lobbying expenditures | 488,738 | 425,513 | 315,167 | 364,715 | 1,594,133 |
| d | Grassroots nontaxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f_ | Grassroots lobbying expenditures | 131,500 | 129,471 | 116,122 | 124,214 | |
| | | | | Sched | lule C (Form 990 | or 990-EZ) 2015 |

124,214 240,501 364,715 45,976,918

1,000,000

46,341,633

250,000

| | filed Form 5768 (election under section 501(h)). | (a) | (b) |
|-----------------------------|---|--------------------|------------------|
| or each "Yes" r ctivity. | response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | No | |
| legislatio | ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of | Yes | |
| a olunteers? | | | · |
| I | | | |
| b Paid stat | ff or management (include compensation in expenses reported on lines 1c through 1i)? | | |
| c Iedia advertis | ements? | | |
| | | | |
| d lailings to me | mbers, legislators, or the public? | | |
| | | | |
| e Publicati | ions, or published or broadcast statements? | | |
| f Grants to | o other organizations for lobbying purposes? | | |
| g Direct co | ontact with legislators, their staffs, government officials, or a legislative body? | | 1 |
| h Rallies, o | demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | |
| i ther activitie | s? | - | |
| ı | | | |
| j otal Add line | s 1c through 1: | | |
| | | | |
| | ectivities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 | | |
| | enter the amount of any tax incurred by organization managers under section 4912 | | |
| | ng organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |
| Part III-A | Complete if the organization is exempt under section 501(c)(4), section | 501(c)(5) | or section |
| | 501(c)(6). | | Yes No |
| 1 Were sub | ostantially all (90% or more) dues received nondeductible by members? | | 1 |
| 2 Did the o | organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 |
| 3 Did the d | organization agree to carry over lobbying and political expenditures from the prior year? | | 3 |
| Part III-B | Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." | | |
| 1 ues, assessn | nents and similar amounts from members | | |
| 1 | | | |
| | 162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid). | | |
| a urrent year | | | |
| 2a | | | |
| b Carryover from | n last vear | | |
| ́ 2b | , | | |
| c | | | |
| 2c | | | |
| 3 Aggrega | te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| oes the organ | esent and the amount on line 2c exceeds the amount on line 3, what portion of the excess inzation agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year? | | |
| | | | |
| 4 | | 1 - ' | |
| | amount of lobbying and political expenditures (see instructions) | 5 | |
| Provide the d | Supplemental Information lescriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gri | ouplist) Part | II-A lines 1 and |
| 2 (see instru | ctions), and Part II-B, line 1 Also, complete this part for any additional information | - ap 110 c/, 1 alc | -1, mes 1 and |
| Ret | turn Reference Explanation | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123012856

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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.

Supplemental Financial Statements

Open to Public

| tal recorded delines | (Form 990) and its instructions is at <u>www.ir</u> | | |
|--|--|---------------|-------------------------------|
| ame of the organization DODWILL INDUSTRIES INTERNATIONAL INC | | Employ | er identification number |
| | . Additional Design of the control o | 53-019 | |
| | or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6. | unds or | Accounts. |
| | (a) Donor advised funds | (b) Fu | nds 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 | | | |
| Did the organization inform all donors and donor funds are the organization's property, subject to | | nor advised | d ┌Yes ┌No |
| Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit? | | | urpose Yes No |
| rt III Conservation Easements. Comp | lete if the organization answered "Yes" (| on Form 9 | 990, Part IV, line 7. |
| Purpose(s) of conservation easements held by a Preservation of land for public use (e.g., recomplete lines 2a through 2d if the organization of the transfer o | reation or education) Preservation of a | certified h | istoric structure |
| easement on the last day of the tax year | | | Held at the End of the Year |
| Total number of conservation easements | | 2a | Tield at the Liid of the Tear |
| Total acreage restricted by conservation easen | nents | 2b | |
| Number of conservation easements on a certifie | ed historic structure included in (a) | 2c | |
| Number of conservation easements included in historic structure listed in the National Register | | 2d | |
| Number of conservation easements modified, tr tax year ▶ | ansferred, released, extinguished, or terminat | ed by the o | organization during the |
| Number of states where property subject to con | servation easement is located ► | | |
| Does the organization have a written policy regarding violations, and enforcement of the conservation | arding the periodic monitoring, inspection, han | idling of | ┌ Yes |
| Staff and volunteer hours devoted to monitoring year | , inspecting, handling of violations, and enforc | ing conser | vation easements during the |
| <u> </u> | | | |
| A mount of expenses incurred in monitoring, ins | pecting, handling of violations, and enforcing c | onservatio | on easements during the yea |
| ▶ \$ | | | |
| Does each conservation easement reported on (B)(i) and section $170(h)(4)(B)(II)^{2}$ | | | ┌ Yes |
| In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation of | kt of the footnote to the organization's financia | | |
| t III Organizations Maintaining Colle | | or Othe | r Similar Assets. |
| <u> </u> | red "Yes" on Form 990, Part IV, line 8. | | |
| If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo | ar assets held for public exhibition, education, | or researc | th in furtherance of public |
| If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating s | ar assets held for public exhibition, education, | | |
| i) Revenue included on Form 990, Part VIII, line | 1 | ► \$ | |
| i) Assets included in Form 990, Part X | | \$ | |
| If the organization received or held works of art following amounts required to be reported under | | | l gaın, provide the |
| Revenue included on Form 990, Part VIII, line | 1 | | ▶ \$ |

b Assets included in Form 990, Part X

| Par | (continued) | g Collections of Ar | t, Historica | l Treas | sures, or O | ther Similar A | ssets |
|-----|---|-------------------------------|---------------------|------------|-----------------------|--------------------------------------|--------------------------|
| 3 | Using the organization's acquisition, accollection items (check all that apply) | ession, and other reco | rds, check any | of the fo | ollowing that a | ire a significant us | e of its |
| а | Public exhibition | | d ┌ Lo | oan or ex | change progr | ams | |
| b | Scholarly research | | e | ther | | | |
| c | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization Part XIII | r's collections and expl | aın how they fu | rther the | organization | 's exempt purpose | ın |
| 5 | During the year, did the organization sol | | | | | | □ N- |
| Par | assets to be sold to raise funds rather the rt IV Escrow and Custodial Arra | | s part of the org | ganizatio | n's collection | ? | ☐ No |
| | Complete if the organization Part X, line 21. | | Form 990, Pa | ırt IV, lı | ne 9, or rep | oorted an amour | it on Form 990, |
| 1a | Is the organization an agent, trustee, cu included on Form 990, Part X? | stodian or other interm | edıary for cont | ributions | or other ass | ets not Yes | ┌ No |
| b | If "Yes," explain the arrangement in F | art XIII and complete | the following ta | able | | Am | ount |
| c | Beginning balance | | | | 1c | | |
| d | Additions during the year | | | | 1d | | |
| e | Distributions during the year | | | | 1e | | |
| f | Ending balance | | | | 1f | | |
| 2a | Did the organization include an amount o | on Form 990, Part X, Iır | ne 21, for escr | ow or cus | stodial accou | nt liability? Yes | □ No |
| | | | | | | | _ |
| b | If "Yes," explain the arrangement in Par | | | | | | |
| Pa | rt V Endowment Funds. Comple | ete if the organizatio | (b)Prior year | | | Part IV, line 10 (d)Three years back | (e)Four years back |
| 1a | Beginning of year balance | 1,620,857 | 1,559,230 | | 1,451,133 | 1,357,249 | 1,370,182 |
| b | Contributions | | | | | | <u> </u> |
| | | | | | | | |
| С | Net investment earnings, gains, and losses | -6,154 | 70,707 | 7 | 116,714 | 108,963 | 15,445 |
| d | Grants or scholarships | | | | | | |
| e | Other expenditures for facilities and programs | 9,558 | 9,080 | 0 | 8,617 | 15,079 | 28,378 |
| f | Administrative expenses | | | | | | |
| g | End of year balance | 1,605,145 | 1,620,857 | 7 | 1,559,230 | 1,451,133 | 1,357,249 |
| 2 | Provide the estimated percentage of the | current year end balan | ice (line 1g, co | lumn (a) |) held as | | |
| а | Board designated or quasi-endowment | - | | | | | |
| b | Permanent endowment ► 80 220 % | | | | | | |
| c | Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c | 19 780 % should equal 100% | | | | | |
| За | Are there endowment funds not in the po | | zation that are | held and | administered | d for the | |
| | organization by | | | | | | Yes No |
| | (i) unrelated organizations | | | | • | | (i) No |
| b | (ii) related organizations | | ed on Schedule | . R? | | | (ii) No |
| 4 | Describe in Part XIII the intended uses | · | | | | | , <u> </u> |
| Par | rt VI Land, Buildings, and Equip | | | | | | |
| | Complete if the organization | answered 'Yes' to Fo | | t IV, lın | | | |
| | Description of property | | (a) Cost or othe | | (b) Cost or other bas | Accumulated (c) depreciation | (d)Book value |
| 1- | Land | | (investme | ent) | (other) | 20 | 1 500 600 |
| | Land | | • | | 1,500,00 7,764,52 | | 1,500,000 6 4,480,511 |
| | Leasehold improvements | | 1 | | 593,79 | | + |
| | Equipment | | | | 5,785,44 | <u> </u> | |
| | Other | | | | 60,00 | | 60,000 |
| | al. Add lines 1a through 1e (Column (d) mu | st equal Form 990, Part | X, column (B), li | ne 10(c). | | · · · · - | 7,694,738 |

| Part VIII Investments—Other Securities. Con See Form 990, Part X, line 12. | _ | | |
|--|--|----------------------------------|---|
| (a) Description of security or category | | (b) Book value | (c)Method of valuation |
| (including name of security) (1)Financial derivatives | | | Cost or end-of-year market value |
| (2)Closely-held equity interests | | | |
| (3) Other | | | |
| | | | 1 |
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| | | | |
| Total (Column (h) must equal Form 900, Part V col (R) line 12 | * | | + |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. | | | |
| Complete if the organization answered | 'Yes' on Form 990, | Part IV, line 11c. _{Se} | ee Form 990, Part X, line 13. |
| (a) Description of investment | | (b) Book value | (c) Method of valuation |
| | | | Cost or end-of-year market value |
| | | | |
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| | * | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | <u>- </u> | | |
| Part X Other Assets. Complete if the organization | n answered 'Yes' on F | orm 990, Part IV, line | 11d See Form 990, Part X, line 15 |
| Part IX Other Assets. Complete if the organization (a) Descri | | orm 990, Part IV, line | 11d See Form 990, Part X, line 15 (b) Book value |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| | | orm 990, Part IV, line | |
| (a) Descri | iption | | (b) Book value |
| (a) Described to the second of | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | 5.) | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | (b) Book value | | (b) Book value |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. Complete if the orga See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | 5.) anization answered (b) Book value 21,88 | | (b) Book value |

45,702,551

| | (die 5 (1 om 550) 2015 | | r age - |
|-----|---|----------|------------|
| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | per Re | turn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 78,346,658 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses) on investments 2a -270,338 | | |
| b | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 33,438,961 |
| 3 | Subtract line 2e from line 1 | 3 | 44,907,697 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | • |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 33,607 | | |
| b | Other (Describe in Part XIII) 4b | | |
| c | Add lines 4a and 4b | 4c | 33,607 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 44,941,304 |
| | XII Reconciliation of Expenses per Audited Financial Statements With Expense | s per l | |
| | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | <u> </u> | |
| 1 | Total expenses and losses per audited financial statements | 1 | 79,357,081 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIII) | | |
| e | Add lines 2a through 2d | 2e | 33,688,137 |
| 3 | Subtract line 2e from line 1 | 3 | 45,668,944 |
| 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 33,607 | | |
| b | Other (Describe in Part XIII) | | |
| c | Add lines 4a and 4b | 4c | 33.607 |

Part XIII Supplemental Information

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

Total expenses Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 18) .

| Return Reference | Explanation | | | | | |
|--|--|--|--|--|--|--|
| Part V, Line 4 | Goodwill Industries International, Inc 's endowment funds consist of Temporarily restricted net assets net assets whose use has been donor restricted by specified time or purpose limitations Permanently restricted net assets must be maintained in perpetuity. In accordance with donor instructions, Goodwill Industries International, Inc may use the interest and dividends, net of investment fees, earned on permanently restricted net assets for specified purposes. Goodwill Industries International, Inc 's temporarily and permanently restricted funds are used to fund specific programs that advance our mission of enhancing the dignity and quality of life of individuals, families, and communities by eliminating barriers to opportunity and helping people in need reach their fullest potential through learning and the power of work. Goodwill Industries International Inc's restricted funds consist of the following. Domestic activities Frank F. Flegal Education and Training (endowment) Kenneth K. King Training Trust (endowment) Richard and Lois England (endowment). Accenture - GoodProspects Credentials to Careers Alumni Century Fund Alumni Travel Fund. Anthony Family Foundation - Family Strengthening Anthony Family Foundation - Community College. Bank of America - Vested in Vets Bank of America - Middle Skills Career Pathways Annie E. Casey Foundation Disaster Relief Fund Dulin Executive Management Development Fund Dulin Membership. GII Training Fund Dulin Senior Management Fund Dulin Strategic Planning Fund Elsine Katz Fund. Goizueta Foundation Programs Kresge Foundation Matthews Entrepreneurial Award McKinsey Social Initiative National PSA Campaign Public Policy Fund Robert Watkins Award Fund Tracfone Wireless, Inc. Walmart Foundation - Beyond Jobs Programs 2.0 Walmart Foundation - Careers in Retail Walmart Foundation - Operation GoodJobs 2 Program Walmart Foundation - MyFreeTaxes 2 International activities Barker education (endowment) Gerald Clore Training (endowment) Sioux City | | | | | |
| Part X, Line 2 | The Organization believes that it has appropriate support for income tax positions taken Therefore, management has not identified any uncertain income tax positions. GENERALLY, INCOME TAX RETURNS RELATED TO THE CURRENT AND THREE PRIOR YEARS REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES. | | | | | |
| Part XI, Line 2d - Other Adjustments | RENTAL EXPENSE REPORTED ON PART VIII 336,347 UNREALIZED GAIN ON INTEREST RATE SWAP 21,162 | | | | | |
| Part XII, Line 2d - Other Adjustments | RENTAL EXPENSE REPORTED ON PART VIII 336,347 | | | | | |
| | | | | | | |

| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
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Schedule D (Form 990) 2015

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DLN: 93493123012856 OMB No 1545-0047

2015

(Form 990)

Department of the Treasury

Part I

(a) Region

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Internal Revenue Service Name of the organization GOODWILL INDUSTRIES INTERNATIONAL INC

Employer identification number

53-0196517

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eliqibility for the grants or assistance, and the selection criteria

No

- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | offices in the region | employees, agents, and independent contractors in region | region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | program service, describe specific type of service(s) in region | for and investments in region |
|---|-----------------------|--|---|---|----------------------------------|
| (1) East Asia and the Pacific | 0 | 2 | Support for programmatic operations | Due Diligence travels | 20,244 |
| (2) North America | 0 | 3 | Support for programmatic operations | Member visits, certification, and consultation | 43,516 |
| (3) South America | 1 | 4 | Support for programmatic operations | Visit Goodwill, site visit and work with AVAPE, local office | 28,477 |
| (4) | | | | | _ |
| (5) | | | | | |
| 3a Sub-total | 1 | 9 | | | 92,237 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 1 | 9 | | | 92,237 |

(b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures

Part II

| | and EIN (ıf applıcable) | | grant | cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other |
|------|----------------------------|---|----------------------------------|------------|---------------------------------------|-----------------------------------|--|--|
| (1) | | North America - Canada and Mexico, but not the United States | GRADUATE LEVEL INTERN STIPEND | 18,000 | check | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |

Grants and Other Assistance to Organizations or Entities Outside the United States.

Schedule F (Form 990) 2015

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

| Part III can be duplicated if additional space is needed. | | | | | | | | | | | |
|---|--------------------------|--|--|---|---|--|--|--|--|--|--|
| (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) | | | | | |
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| | | | | | | C (Farmer 000) 2015 | | | | | |
| | | (b) Region (c) Number of | (b) Region (c) Number of (d) Amount of | (b) Region (c) Number of (d) Amount of (e) Manner of cash | (b) Region (c) Number of recipients (d) Amount of disbursement (f) Amount of non-cash | (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of non-cash assistance (g) Description of non-cash assistance (g) Desc | | | | | |

Part IV Foreign Forms

| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Г | Yes | 굣 | No |
|---|---|---|-----|---|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Г | Yes | ্ | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | Г | Yes | দ | Νo |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Г | Yes | ✓ | Νo |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865) | Γ | Yes | 굣 | Νo |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Г | Yes | ন | No |

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part I, Line 2 | ALL GRANT AWARDS ARE ASSIGNED A UNIQUE COST CENTER IN THE GOODWILL INDUSTRIES INTERNATIONA L, INC (GII) GENERAL LEDGER SYSTEM EACH GRANT IS ASSIGNED TO A PROGRAM MANAGER WHO IS RES PONSIBLE FOR FOLLOWING THE GRANT BUDGET AND ACHIEVING THE GOALS SPECIFIED BY THE GRANT AWA RD WHEN GII MAKES SUBAWARDS TO MEMBER GOODWILLS TO CARRY OUT CERTAIN GRANT FUNDED PROGRAM S, AN AGREEMENT IS SIGNED BETWEEN GII AND THE SUBRECIPIENT THE AGREEMENT SPECIFIES ALL OF THE REQUIREMENTS OF THE ORIGINAL AWARD AND THE REPORTING REQUIREMENTS OF THE SUBRECIPIENT TO GII |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123012856

2015

Open to Public

OMB No 1545-0047

Schedule I (Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| nternal Revenue Service | | | | | | | |
|---|--|-------------------------------------|------------------------------|---|---|--|--------------------------------------|
| ame of the organization OODWILL INDUSTRIES INTERNAT | TONAL INC | | | | | Employer identification | on number |
| OODWILL INDOSTRIES INTERNAT | IONALINC | | | | | 53-0196517 | |
| Part I General Information | on Grants and | d Assistance | | | | | |
| Does the organization maintain return the selection criteria used to awaDescribe in Part IV the organization | ard the grants or as tion's procedures fo | ssistance? or monitoring the use | of grant funds in the Un | | | , | ✓ Yes No |
| Part II Grants and Other Assistar that received more than \$ | | | | plete if the organization | answered "Yes" on F | orm 990, Part IV, line 21 | l, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of gran or assistance |
| See Additional Data Table | | | | | | | |
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| | | | | | | | <u> </u> |
| 2 Enter total number of section 50 | | _ | | | | · · · · · <u>•</u> | 93 |
| 3 Enter total number of other orgar | nzations listed in tl | he line 1 table . . | | | | | 0 |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|--------------------------|-----------------------------------|--|---------------------------------------|
| See Addıtıonal Data Table | | | | | |
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| Part IV Supplemental Informa | ation. Provide the info | rmation required in | Part I, line 2, Part III, | column (b), and any other | addıtıonal ınformatıon. |

| Return Reference | Explanation |
|-------------------------------------|---|
| Part I, Line 2 | All grant awards are assigned a unique cost center in the Goodwill Industries International, Inc (GII) general ledger system Each grant is assigned to a Program Manager who is responsible for following the grant budget and achieving the goals specified by the grant award. When GII makes subawards to Member Goodwills to carry out certain grant funded programs, an agreement is signed between GII and the subrecipient. The agreement specifies all of the requirements of the original award and the reporting requirements of the subrecipient to GII. Monthly reports are received from the subrecipients, reviewed by program and financial staff, and entered into the GII general ledger system when approved. GII draws and disburses the grant funds according to the specifications of the grant agreement. GII also makes periodic reports to the funding foundation or government agency as required by the grant agreement. GII program and accounting staff make monitoring visits to the subrecipients, usually on an annual basis, to review the program outcomes and financial recording of the program expenditures. |
| EXPLANATION OF GRANTS AND AWARDS | ASSOCIATION GRANTS & SUPPORT FOR PROGRAMMATIC OPERATIONS THE ASSOCIATION GRANT PROGRAM IS INTENDED TO GENERATE ACTION THAT WILL STIMULATE THE STRENGTHENING OF ASSOCIATIONS' ABILITY TO COLLABORATE AND REACH CONSENSUS ON ISSUES OF IMPORTANCE TO THE BROAD GOODWILL COMMUNITY ROBERT E AND CHARLOTTE WATKINS AWARD Recognizes a staff member of local Goodwill MEMBER who demonstrates Goodwill's mission in their daily work in a continued and outstanding manner P J TREVETHAN AWARD Recognizes a local Goodwill CEO who demonstrates commitment to the continued personal growth of the LOCAL Goodwill's employees and others through training, professional development opportunities and other means JD ROBINS JR DISTINGUISHED CAREER AWARD Recognizes a local Goodwill CEO who contributes to LOCAL Goodwill's growth in mission, business and services over many years in an executive position. GII ACHIEVER OF THE YEAR AWARD Recognizes a person receiving services in a local Goodwill for their personal achievement and growth related to their career development KENNETH SHAW GII GRADUATE OF THE YEAR AWARD. Recognizes a person who once received services within a local Goodwill AND has now graduated to employment in the community for their personal achievement and growth related to their career development KENNETH K KING MANAGEMENT AWARD. Recognizes a local Goodwill CEO for their outstanding executive leadership and management success as a local Goodwill leader with at least five years of service. |

Additional Data

Software ID:

Software Version:

EIN: 53-0196517

Name: GOODWILL INDUSTRIES INTERNATIONAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|--------------------------------------|---|--|--|---------------------------------------|
| ARIZONA ASSOCIATION OF GOODWILLS 1940 E SILVERLAKE ROAD SUITE 402 TUCSON,AZ 85713 | 86-0223401 | 501(c)(3) | 10,481 | | | | ASSOCIATION GRANT |
| COUNCIL OF CALIFORNIA GOODWILL INDUSTRIES 1080 NORTH 7TH STREET SAN JOSE,CA 95112 | 23-7102688 | 501(c)(3) | 47,166 | | | | ASSOCIATION GRANT |
| DISCOVER GOODWILL OF SOUTHERN AND WESTERN COLORADO 1460 Garden of the Gods Rd COLORADO SPRINGS,CO 80907 | 84-0513404 | 501(c)(3) | 30,003 | | | | MASTERCARD, ACCENTURE |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|----------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| EASTER SEALS - GOODWILL NORTHERN ROCKY MOUNTAIN INC 4400 CENTRAL AVE GREAT FALLS,MT 59405 | 81-0232125 | 501(c)(3) | 100,660 | | | | BEYOND JOBS, CAREERS IN RETAIL | | | |
| FLORIDA GOODWILL ASSOCIATION 2705 51ST AVE EAST BRADENTON,FL 34203 | 31-1667466 | 501(c)(3) | 26,203 | | | | ASSOCIATION GRANT | | | |
| GEORGIA GOODWILL ASSOCIATION 2601 CROSS COUNTRY DRIVE COLUMBUS,GA 31906 | 01-0709306 | 501(c)(3) | 9,363 | | | | ASSOCIATION GRANT | | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|---|----------------------------------|--------------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL ASSOCIATION OF MICHIGAN 271 EAST APPLE AVE MUSKEGON,MI 49442 | 38-3474383 | 501(c)(3) | 34,938 | | | | ASSOCIATION GRANT | | | | |
| GOODWILL EASTER SEALS INC 553 FAIRVIEW AVE N ST PAUL,MN 55104 | 41-0706171 | 501(c)(3) | 14,400 | | | | BEYOND JOBS, CASEY 2015 | | | | |
| GOODWILL EASTER SEALS MIAMI VALLEY 1511 KUNTZ RD DAYTON,OH 45404 | 31-0537112 | 501(c)(3) | 215,739 | | | | GOODGUIDES III, CASEY 2015, ACCENTURE, MASTERCARD | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|------------|-------------------------------|------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND - KNOXVILLE INC PO BOX 11066 KNOXVILLE,TN 37939 | 62-0868796 | 501(c)(3) | 203,143 | | | | BEYOND JOBS, GOODGUIDES III, CAREERS IN RETAIL | | | |
| GOODWILL IND - SUNCOAST INC 10596 GANDY BLVD ST PETERSBURG,FL 33702 | 59-0718492 | 501(c)(3) | 6,000 | | | | CASEY 2015 | | | |
| GOODWILL IND EASTER SEALS OF THE GULF COAST INC 2448 GORDON SMITH DRIVE MOBILE, AL 36617 | 63-0363472 | 501(c)(3) | 157,395 | | | | BEYOND JOBS, GOODGUIDES III | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|----------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF ARKANSAS INC 1110 WEST 7TH ST LITTLE ROCK,AR 72201 | 71-0236903 | 501(c)(3) | 28,500 | | | | BEYOND JOBS, CASEY 2015, ACCENTURE | | | |
| GOODWILL IND OF CENTRAL FLORIDA 7531 S ORANGE BLOSSOM TRAIL ORLANDO,FL 32809 | 59-0908166 | 501(c)(3) | 161,157 | | | | GOODGUIDES III | | | |
| GOODWILL IND OF CENTRAL IOWA 4900 Ne 22nd St DES MOINES,IA 50313 | 42-0764469 | 501(c)(3) | 10,000 | | | | ACCENTURE | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|------------|----------------------------------|------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF CENTRAL OHIO 1331 EDGEHILL RD COLUMBUS,OH 43212 | 31-4379448 | 501(c)(3) | 39,897 | | | | BEYOND JOBS, MASTERCARD | | | |
| GOODWILL IND OF CENTRAL TEXAS 1015 NORWOOD PARK BLVD AUSTIN,TX 78753 | 74-1322808 | 501(c)(3) | 272,710 | | | | BEYOND JOBS, CAREERS IN RETAIL, OPERATION GOODJOBS 2 0 | | | |
| GOODWILL IND OF CENTRAL VIRGINIA 6301 MIDLOTHIAN TURNPIKE RICHMOND,VA 23225 | 54-0455395 | 501(c)(3) | 5,835 | | | | BEYOND JOBS, CASEY 2015 | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|----------------------------------|------------------------------|---|--|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF DALLAS INC 3020 NWESTMORELAND RD DALLAS,TX 75212 | 75-0800649 | 501(c)(3) | 140,026 | | | | BEYOND JOBS, GOODGUIDES III, CASEY 2015 | | | |
| GOODWILL IND OF EAST TEXAS INC 407 WEST LOCUST ST TYLER,TX 75702 | 75-1478919 | 501(c)(3) | 8,000 | | | | SUMMER INTERNSHIP | | | |
| GOODWILL IND OF EASTERN NORTH CAROLINA 4808 Chin Page Rd DURHAM,NC 27703 | 56-0861003 | 501(c)(3) | 10,000 | | | | CASEY 2015 | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|---|-------------------------------------|---|--|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF GREATER GRAND RAPIDS INC 3035 prairie sw GRANDVILLE,MI 49418 | 38-6113049 | 501(c)(3) | 16,000 | | | | CASEY 2015, ACCENTURE | | | |
| GOODWILL IND OF GREATER NEW YORK & NORTHERN NEW JERSEY 4-21 27TH AVE ASTORIA,NY 11102 | 13-1641068 | 501(c)(3) | 10,000 | | | | SUMMER INTERNSHIP & PROGRAM PARTICIPANTS SCHOLARSHIP | | | |
| GOODWILL IND OF GREATER NY AND NORTHERN NJ 4-21 27TH AVENUE ASTORIA,NY 11102 | 13-1641068 | 501(c)(3) | 329,307 | | | | BEYOND JOBS, GOODGUIDES III, CASEY 2015, CAREERS IN RETAIL, OPERATION GOODJobs 2 0 | | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|---|----------------------------------|------------------------------|-----|---|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND OF HOUSTON 1140 WEST LOOP NORTH HOUSTON,TX 77055 | 74-1285095 | 501(c)(3) | 258,750 | | | | BEYOND JOBS, CAREERS IN RETAIL, OPERATION GOODJOBS 2 0 | | | | |
| GOODWILL IND OF KANAWHA VALLEY 209 Virginia St W CHARLESTON, WV 25302 | 55-0380828 | 501(c)(3) | 6,000 | | | | CASEY 2015 | | | | |
| GOODWILL IND OF KANSAS INC 3636 N OLIVER WICHITA,KS 67220 | 48-0673284 | 501(c)(3) | 19,810 | | | | ACCENTURE, MASTERCARD | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | |
|---|------------|----------------------------------|------------------------------|--|---|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | | (f) Method of valuation (book, FMV, appraisal, other) | 1 | (h) Purpose of grant or assistance | | |
| GOODWILL IND OF KYOWVA AREA INC 1102 MEMORIAL BLVD W HUNTINGTON,WV 25776 | 23-7374240 | 501(c)(3) | 5,000 | | | | 2015 CENTER OF EXCELLENCE DESIGNATION | | |
| GOODWILL IND OF LANE & SOUTH COAST COUNTIES 1010 GREEN ACRES RD EUGENE, OR 97408 | 93-0572370 | 501(c)(3) | 10,000 | | | | BEYOND JOBS | | |
| GOODWILL IND OF MIDDLE GEORGIA AND THE CSRA 5171 EISENHOWER PKWY MACON,GA 31206 | 58-1249683 | 501(c)(3) | 58,052 | | | | SUMMER & FALL INTERNSHIP, GOIZUETA, CAREERS IN RETAIL | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|---|--------------------------------------|--|---|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND OF MIDDLE TENNESSEE INC 1015 HERMAN ST NASHVILLE,TN 37208 | 62-0599413 | 501(c)(3) | 78,600 | | | | BEYOND JOBS, CASEY 2015 | | | | |
| GOODWILL IND OF NORTH LOUISIANA 800 W 70th St SHREVEPORT,LA 71106 | 72-0460816 | 501(c)(3) | 8,000 | | | | CASEY 2015, ACCENTURE | | | | |
| GOODWILL IND OF NORTHERN NEW ENGLAND 353 CUMBERLAND AVE PORTLAND,ME 04101 | 01-0284340 | 501(c)(3) | 136,755 | | | | BEYOND JOBS, GOODGUIDES III | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|------------|----------------------------------|------------------------------|--|--|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND OF ORANGE COUNTY CALIFORNIA INC 410 N FAIRVIEW ST SANTA ANA, CA 92703 | 95-1644018 | 501(c)(3) | 103,500 | | | | BEYOND JOBS, OPERATION GOODJOBS 2 0 | | | | |
| GOODWILL IND OF SAN ANTONIO 406 W COMMERCE ST SAN ANTONIO,TX 78207 | 74-1238444 | 501(c)(3) | 183,200 | | | | BEYOND JOBS, OPERATION GOODJOBS 2 0 | | | | |
| GOODWILL IND OF SOUTH TEXAS INC 2961 S PORT AVE CORPUS CHRISTI,TX 78405 | 74-1223056 | 501(c)(3) | 9,900 | | | | BEYOND JOBS | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|----------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF SOUTHEASTERN LOUISIANA INC 3400 TULANE AVE NEW ORLEANS, LA 79119 | 72-0546906 | 501(c)(3) | 41,531 | | | | BEYOND JOBS, MASTERCARD | | | |
| GOODWILL IND OF SOUTHERN NEVADA INC 1280 W CHEYENNE AVE NORTH LAS VEGAS,NV 89030 | 23-7437479 | 501(c)(3) | 48,600 | | | | BEYOND JOBS, CASEY 2015 | | | |
| GOODWILL IND OF SOUTHWEST FLORIDA INC 4940 BAYLINE DR N FORT MYERS,FL 33917 | 59-6196141 | 501(c)(3) | 20,800 | | | | BEYOND JOBS | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|--|----------------|----------------------------------|--------------------------------------|-------|--|--|---|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 3 4 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF THE CHESAPEAKE INC 222 E Redwood Street BALTIMORE,MD 21202 | 52-0591576 | 501(c)(3) | 6,000 | | | | CASEY 2015 | | | |
| GOODWILL IND OF THE COASTAL EMPIRE INC 7220 SALLIE MOOD DR SAVANNAH,GA 31406 | 58-6046795 | 501(c)(3) | 184,495 | | | | GOODGUIDES III, GOIZUETA | | | |
| GOODWILL IND OF THE INLAND NORTHWEST 130 E 3RD AVE SPOKANE, WA 99202 | 91-0597006 | 501(c)(3) | 148,766 | | | | BEYOND JOBS, GOODGUIDES III, CASEY 2015 | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | |
|---|----------------|----------------------------------|--------------------------------------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| GOODWILL IND OF THE VALLEYS INC 2502 MELROSE AVE NW ROANOKE,VA 24017 | 54-0884014 | 501(c)(3) | 2,378,553 | | | | BEYOND JOBS, GOODGUIDES III, SCSEP PY14, SCSEP PY15 | | | |
| GOODWILL IND OF TULSA 2800 SOUTHWEST BLVD TULSA,OK 74107 | 73-0614297 | 501(c)(3) | 11,800 | | | | BEYOND JOBS | | | |
| GOODWILL IND OF WESTERN NEW YORK INC 1119 WILLIAM STREET BUFFALO,NY 14206 | 16-0761225 | 501(c)(3) | 125,100 | | | | BEYOND JOBS, OPERATION GOODJOBS 2 0 | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|---|-------------------------------------|---|--|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND UPSTATEMIDLANDS SC 115 HAYWOOD RD GREENVILLE,SC 29607 | 57-0564001 | 501(c)(3) | 156,987 | | | | BEYOND JOBS, GOODGUIDES III | | | | |
| GOODWILL IND INC SERVING EASTERN NEBRASKA & SW IOWA 4805 NORTH 72ND STREET OMAHA,NE 68104 | 47-0378996 | 501(c)(3) | 20,975 | | | | ASSOCIATION GRANT, ACHIEVER OF YEAR AWARD & PROGRAM PARTICIPANTS SCHOLARSHIP | | | | |
| GOODWILL IND OF DENVER 6850 Federal Blvd DENVER, CO 80221 | 84-0405513 | 501(c)(3) | 148,924 | | | | GOODGUIDES III, CASEY 2015 | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|------------|----------------------------------|------------------------------|---|---|-----------|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | , , , , , | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND OF FORT WORTH INC 4005 Campus Drive FORT WORTH,TX 76119 | 75-0868393 | 501(c)(3) | 154,000 | | | | OPERATION GOODJOBS 2 0 | | | | |
| GOODWILL IND OF NORTHWEST NORTH CAROLINA INC 2701 UNIVERSITY PKWY WINSTONSALEM,NC 27115 | 56-0588474 | 501(c)(3) | 148,800 | | | | BEYOND JOBS, OPERATION GOODJOBS 2 0, ACCENTURE | | | | |
| GOODWILL IND OF SAN DIEGO COUNTY INC 3663 Rosecrans Street SAN DIEGO,CA 92110 | 95-1652910 | 501(c)(3) | 100,900 | | | | OPERATION GOODJOBS 2 0 | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|------------|----------------------------------|------------------------------|-------|---|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 3 5 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL IND OF TULSA INC 2800 SOUTHWEST BLVD TULSA,OK 74107 | 73-0614297 | 501(c)(3) | 5,000 | | | | 2015 CENTER OF EXCELLENCE DESIGNATION | | | | |
| GOODWILL IND OF VENTURA & SANTA BARBARA COUNTIES INC 130 Lombard Street OXNARD, CA 93030 | 77-0448301 | 501(c)(3) | 176,220 | | | | CAREERS IN RETAIL, OPERATION GOODJOBS 2 0 | | | | |
| GOODWILL INDUSTRIES BIG BEND INC 300 Mabry St TALLAHASSEE,FL 32304 | 59-1279499 | 501(c)(3) | 118,188 | | | | GOODGUIDES III | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|----------------------------------|--------------------------------------|---|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL INDUSTRIES- MANASOTA 8490 N Lockwood Ridge Rd SARASOTA,FL 34243 | 59-2074391 | 501(c)(3) | 66,348 | | | | MASTERCARD | | | | |
| GOODWILL INDUSTRIES OF CENTRAL ARIZONA INC 417 NORTH 16TH ST PHOENIX,AZ 85006 | 86-0104415 | 501(c)(3) | 1,107,391 | | | | SCSEP PY14, SCSPEP PY15 | | | | |
| GOODWILL INDUSTRIES OF CENTRAL INDIANA INC 1635 W MICHIGAN ST INDIANAPOLIS,IN 46222 | 35-0893605 | 501(c)(3) | 2,348,734 | | | | SCSEP PY14, SCSPEP PY15, ACCENTURE | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|----------------------------------|------------------------------|-------|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 2 2 | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | | | | |
| Goodwill Industries of Central North Carolina Inc 1235 S Eugene St greensboro, NC 27406 | 56-0862842 | 501(c)(3) | 17,059 | | | | mastercard | | | | |
| GOODWILL INDUSTRIES OF CENTRAL TEXAS 1015 NORWOOD PARK BLVD AUSTIN,TX 78753 | 74-1322808 | 501(c)(3) | 22,000 | | | | SUMMER/FALL INTERNSHIP & PRO GRAM PARTICIPANTS SCHOLARSHIP | | | | |
| Goodwill Industries of Eastern Missouri and Western Kansas 1817 Campbell Street kansas city, MO 64108 | 43-1125281 | 501(c)(3) | 29,157 | | | | mastercard | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|---|------------------------------|---|--|--|---|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| Goodwill Industries of Greater Cleveland and East Central Ohio Inc 2295 E 55th St cleveland, OH 44103 | 34-1641165 | 501(c)(3) | 43,329 | | | | mastercard | | | | |
| GOODWILL INDUSTRIES OF HAWAII INC 2610 KILIHAU STREET HONOLULU,HI 96819 | 99-6001264 | 501(c)(3) | 51,600 | | | | BEYOND JOBS, CASEY 2015 | | | | |
| GOODWILL INDUSTRIES OF HOUSTON 1140 WEST LOOP NORTH HOUSTON,TX 77055 | 74-1285095 | 501(c)(3) | 5,000 | | | | 2015 CENTER OF EXCELLENCE DESIGNATION | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|---|--------------------------------------|---|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL INDUSTRIES OF KEYSTONE AREA INC 1150 GOODWILL DR HARRISBURG,PA 17101 | 23-1365338 | 501(c)(3) | 1,811,666 | | | | SCSEP PY14, SCSPEP PY15 | | | | |
| Goodwill Industries of Lower South Carolina Inc 2150 Eagle Drive Building 100 CHARLESTON,SC 29406 | 57-0632511 | 501(c)(3) | 48,940 | | | | mastercard | | | | |
| GOODWILL INDUSTRIES OF MID-MICHIGAN INC 501 S Averill Ave FLINT, MI 48506 | 38-1358009 | 501(c)(3) | 130,225 | | | | GOODGUIDES III | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|----------------------------------|--------------------------------------|---|--|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL INDUSTRIES OF NEW MEXICO INC 5000 SAN MATEO BLVD NE ALBUQUERQUE,NM 87109 | 85-0107916 | 501(c)(3) | 1,632,623 | | | | SCSEP PY14, SCSPEP PY15, MASTERCARD | | | | |
| GOODWILL INDUSTRIES OF RHODE ISLAND 100 houghton st PROVIDENCE,RI 02904 | 05-0258845 | 501(c)(3) | 140,842 | | | | GOODGUIDES III | | | | |
| Goodwill Industries of Sacramento Valley & Northern Nevada Inc 8001 Folsom Boulevard Suite 200 scaramento, CA 95826 | 94-1201202 | 501(c)(3) | 16,539 | | | | mastercard | | | | |

| Form 990,Schedule I, Par | Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|--|-------------------------------|------------------------------|---|---|--|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | | |
| GOODWILL INDUSTRIES OF SOUTHERN ARIZONA INC 1940 E Silver lake Ste 405 TUCSON, AZ 85713 | 86-0223401 | 501(c)(3) | 132,882 | | | | GOODGUIDES III | | | | | |
| GOODWILL INDUSTRIES OF SOUTHERN RIVERS INC 2601 CROSS COUNTRY DRIVE BLDG A COLUMBUS,GA 31906 | 58-6035822 | 501(c)(3) | 29,718 | | | | BEYOND JOBS, GOIZUETA, CASEY 2015 | | | | | |
| GOODWILL INDUSTRIES OF THE CONEMAUGH VALLEY INC 920 Oak St JOHNSTOWN,PA 15902 | 25-1115026 | 501(c)(3) | 159,372 | | | | GOODGUIDES III | | | | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|---|----------------------------------|------------------------------|-----|---|--|---------------------------------------|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | | | | | |
| GOODWILL INDUSTRIES OF THE GREATER EAST BAY INC 1301 30th Ave OAKLAND,CA 94601 | 94-1186175 | 501(c)(3) | 6,000 | | | | CASEY 2015 | | | | | |
| GOODWILL OF GREATER WASHINGTON 2200 South Dakota Avenue NE WASHINGTON, DC 20018 | 53-0196588 | 501(c)(3) | 48,241 | | | | ACCENTURE | | | | | |
| GOODWILL OF SOUTHWESTERN PENNSYLVANIA 2600 EAST CARSON ST PITTSBURGH,PA 15203 | 25-1098928 | 501(c)(3) | 144,026 | | | | GOODGUIDES III | | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|----------------------------------|--------------------------------------|---|---|--|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| GOODWILL OF THE FINGER LAKES INC 422 Clinton Ave S ROCHESTER, NY 14620 | 27-4212702 | 501(c)(3) | 109,072 | | | | GOODGUIDES III | | | | |
| GOODWILL OF THE OLYMPICS AND RAINIER REGION 714 S 27TH ST TACOMA, WA 98409 | 91-0573106 | 501(c)(3) | 1,912,885 | | | | BEYOND JOBS, SCSEP PY14, SCSEP PY15, OPERATION GOODJOBS 2 0, ACCENTURE | | | | |
| GOODWILL OF WESTERN AND NORTHERN CT INC 165 OCEAN TERR BRIDGEPORT, CT 06605 | 06-0662111 | 501(c)(3) | 8,600 | | | | BEYOND JOBS | | | | |

| Form 990,Schedule I, Pai | Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|--|----------------------------------|--------------------------------------|---|---|--|---|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | | |
| HEART OF TEXAS GOODWILL IND INC 1700 SOUTH NEW RD WACO,TX 76711 | 74-1238443 | 501(c)(3) | 179,715 | | | | BEYOND JOBS, CASEY 2015, CAREERS IN RETAIL, OPERATION GOODJOBS 2 0 | | | | | |
| LAND OF LINCOLN GOODWILL IND 800 N 10TH ST SPRINGFIELD,IL 62702 | 37-0661254 | 501(c)(3) | 163,985 | | | | GOODGUIDES III | | | | | |
| MEMPHIS GOODWILL IND INC 6895 Stage Rd MEMPHIS,TN 38133 | 26-3445007 | 501(c)(3) | 12,998 | | | | MASTERCARD | | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|----------------|----------------------------------|------------------------------|---|--|---|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 | (f) Method of valuation (book, FMV, appraisal, other) | 1 | (h) Purpose of grant or assistance | | | | |
| MERSMISSOURI GOODWILL IND 1727 LOCUST ST ST LOUIS,MO 63106 | 43-0652657 | 501(c)(3) | 15,400 | | | | BEYOND JOBS | | | | |
| MID-ATLANTIC GOODWILL INDUSTRIES COALITION 4701 MARKET ST SUITE A FREDERICKSBURG, VA 22408 | 90-0147552 | 501(c)(3) | 54,154 | | | | ASSOCIATION GRANT | | | | |
| MORGAN MEMORIAL GOODWILL IND INC 1010 HARRISON AVE BOSTON,MA 02119 | 04-2106765 | 501(c)(3) | 5,700 | | | | BEYOND JOBS | | | | |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|---|----------------|----------------------------------|------------------------------|---|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | I | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| NORTH CENTRAL GOODWILL ASSOCIATION 4900 N E 22ND STREET DES MOINES,IA 50313 | 42-0764469 | 501(c)(3) | 49,413 | | | | ASSOCIATION GRANT | | | | |
| NORTHEAST REGIONAL ASSOCIATION 1119 WILLIAM STREET BUFFALO,NY 14206 | 16-0761225 | 501(c)(3) | 36,685 | | | | ASSOCIATION GRANT | | | | |
| OHIO ASSOCIATION OF GOODWILL INDUSTRIES 570 E WATERLOO RD AKRON,OH 44319 | 23-7296009 | 501(c)(3) | 55,901 | | | | ASSOCIATION GRANT | | | | |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|------------|----------------------------------|--------------------------------------|-----|--|--|---------------------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | ` ' | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | | |
| OKLAHOMA ASSOCIATION OF GOODWILLS 1210 SUMMIT AVE LAWTON OK,OK 73501 | 73-0675119 | 501(c)(3) | 10,481 | | | | ASSOCIATION GRANT | | | | |
| OKLAHOMA GOODWILL IND INC PO BOX 2780 OKLAHOMA CITY,OK 73101 | 73-0641590 | 501(c)(3) | 117,880 | | | | GOODGUIDES III | | | | |
| PENNSYLVANIA ASSOCIAITON OF GOODWILLS 1150 GOODWILL DR HARRISBURG,PA 17101 | 23-1365338 | 501(c)(3) | 22,710 | | | | ASSOCIATION GRANT | | | | |

| Form 990,Schedule I, Par | Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | | | | |
|--|--|----------------------------------|------------------------------|--|--|--|---------------------------------------|--|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | | (f) Method of valuation (book, FMV, appraisal, other) | | (h) Purpose of grant or assistance | | | | | |
| SEATTLE GOODWILL IND INC 1765 6th Ave S SEATTLE, WA 98134 | 91-0568708 | 501(c)(3) | 21,000 | | | | CASEY 2015, ACCENTURE | | | | | |
| SOUTHEAST ASSOCIATION 519 HIGHLAND DR BAY ST LOUIS, MS 39520 | 64-0547585 | 501(c)(3) | 60,512 | | | | ASSOCIATION GRANT | | | | | |
| TEXAS ASSOCIATION OF GOODWILLS 10040 CIRCLEVIEW AUSTIN,TX 78733 | 74-2972090 | 501(c)(3) | 48,913 | | | | ASSOCIATION GRANT | | | | | |

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---|---------------------------------|-------------------------------------|--------------------------------------|--|---------------------------------------|
| 2015 Robert & Watkins Award | 1 | 2,500 | | | |
| 2015 Elsine Katz Volunteer Award | 1 | 500 | | | |
| 2015 JD Robins Award | 1 | 1,000 | | | |
| 2015 Edgar Helms Award | 2 | 1,000 | | | |
| 2015 Kenneth Shaw Graduate Award | 1 | 5,000 | | | |
| Travel stipend-Alumni to DELEGATE ASSEMBLY | 2 | 1,997 | | | |
| Scholarship | 4 | 2,623 | | | |
| Travel expenses for CONFERENCE OF EXECUTIVES | 3 | 2,920 | | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123012856

Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization GOODWILL INDUSTRIES INTERNATIONAL INC

| | | 53-019651/ | | | |
|----|----------|--|----|-----|----|
| Pa | irt I | Questions Regarding Compensation | | | |
| | | | | Yes | No |
| La | 990 | ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form , Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use | | | |
| | <u> </u> | First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence | | | |
| | | Tax idemnification and gross-up payments Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | _ | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | • | , | | | |
| b | | ny of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or nbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Yes | |
| 2 | | the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | | |
| | dire | ctors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Yes | |
| | | | | | |
| 3 | orga | cate which, if any, of the following the filing organization used to establish the compensation of the anization's CEO/Executive Director Check all that apply Do not check any boxes for methods d by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | 굣 | Compensation committee | | | |
| | <u>~</u> | Independent compensation consultant 🔽 Compensation survey or study | | | |
| | Γ | Form 990 of other organizations | | | |
| 4 | | ing the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization related organization | ו | | |
| а | Rec | eive a severance payment or change-of-control payment? | 4a | Yes | |
| b | Part | ticipate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c | Part | ticipate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | | es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | | | | | |
| | Only | y 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | | persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any ipensation contingent on the revenues of | | | |
| а | The | organization? | 5a | | No |
| b | Any | related organization? | 5b | | No |
| | If"Y | res," on line 5a or 5b, describe in Part III | | | |
| 5 | | persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any spensation contingent on the net earnings of | | | |
| а | The | organization? | 6a | | No |
| b | Any | related organization? | 6b | | No |
| | If"Y | es," on line 6a or 6b, describe in Part III | | | |
| 7 | | persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed ments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | No |
| 3 | Wer | e any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was | | | |
| | subj | ject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | | art III | 8 | | No |
| • | | (es" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations tion 53 4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | (C) Retirement and | 1 ' ' | (E) Total of columns | ` ' | | | |
|---------------------------|--------------------------|---|---|--------------------------------|----------|------------|--|
| | Base (i) compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

| Return Reference | Explanation Explanation |
|--------------------|---|
| , | JAMES D GIBBONS, GOODWILL'S CEO, IS BLIND, AND ACCORDINGLY IS PROVIDED WITH AN AUTOMOBILE TRANSPORTATION SERVICE ALL AMOUNTS WERE APPROPRIATELY INCLUDED AS TAXABLE INCOME IN HIS FORM W-2 ADDITIONALLY, THE CEO IS ELIGIBLE FOR UPGRADING LONG DISTANCE FLIGHTS AND TOOK ADVANTAGE OF THIS IN ACCORDANCE WITH POLICY |
| Part I, Lines 4a-b | JAMES D GIBBONS, SECTION 457F PLAN, \$55,500 Alexander M Sanchez, Severance Pay, \$85,324 |

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 53-0196517

Name: GOODWILL INDUSTRIES INTERNATIONAL INC

| (A) Name and Title | ' | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | 1 |
|---|---------|-----------------------------|---------------------------------------|--|--------------------------------|---------------------------------------|----------------------|---|
| | | (i) Base Compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| 1James Gibbons President and CEO | (1) |) 473,135 | 70,497 | 41,972 | 83,537 | 43,061 | 1 712,202 | (|
| | (11) | -1 | , |) | | , | _ _ _ _ | |
| 1Jeffrey McCaw Chief Financial Officer | (1) |) 199,338 | 21,285 | 5 2,725 | 23,247 | 42,129 | 9 288,724 | , |
| Chief Financial Officei | (11) | , | | | | · · · · · · · · · · · · · · · · · · · | | |
| 2Alexander Sanchez | (1) |) 102,392 | 5,000 | 86,117 | 4,797 | 31,665 | 5 229,971 | |
| Chief Operating Officer | (11) | , | | | | | | |
| 3Kımberly Zımmer | (1) |) 210,061 | 24,285 | 5 1,615 | 24,867 | 42,090 | 0 302,918 | (|
| Chief Marketing Officer & SVP, Globa | (11) |] | · · · · · · · · · · · · · · · · · · · | | | | | |
| 4 Judith Branzelle | (1) |) 197,607 | 15,783 | 2 683 | 22,039 | 9.71: | 0 1 247,823 | 3 |
| Chief Legal Officer & General Counse | (11) |] | | 2,683 | 22,035 | 9,711 | 247,025 | |
| | | o' | <u> </u> | ارار | 1 | IC | '٥ار | |
| 5 Wendi Copeland SVP Strategy & Advancement | (1) | 188,471 | 15,774 | 2,183 | 21,046 | 15,498 | 242,972 | . (|
| | (11) | -1 | | اــ ا. 0 | - | - | 'ــ '0 | , |
| 6 Lucy Tannozzini VP HR and Organizational | (1) |) 172,798 | 20,000 | 2,880 | 19,689 | 15,681 | 1 231,048 | 3 |
| Development | (11) | , 0 | ; |] | | ; | | |
| 7 Michael Meyer VP of Donated Goods and | (1) |) 171,020 | 8,274 | 1,682 | 18,084 | 10,915 | 5 209,975 | |
| Retail Marke | (11) | , | | | 1 | | | |
| 8Paul Downes | (1) |) 152,299 | 8,269 | 9 1,017 | 16,161 | 28,104 | 4 205,850 | <u>, </u> |
| VP Information Technologies | (11) |) | | ! | | 1 | | _ |
| OCtores E Krotoneku | <u></u> | 01 | 0 | 0 | + | 0 | <u>/</u> <u>o'</u> |) |
| 9 Steven E Krotonsky Former COO | (1) |] | 20,000 | 283 | 2,270 | 0 | 104,688 | B |
| | (11) | -1 | -)) | - o | 0 | 0 | - o | _) |

DLN: 93493123012856 OMB No 1545-0047

Department of the Treasury

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

Supplemental Information on Tax Exempt Bonds

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Inte | rnal Revenue Service | 0 | | . (| | <u></u> | | <u> </u> | <u></u> . | | | | Inspec | CUON | |
|------|----------------------------------|-------------------------|-------------------|-----------------|-----------|---------|------------|---------------------|-----------------|---------------|-----------|-------------|----------------|------|-------|
| | ne of the organization | | | | | | | | | Emp | oloyer id | entifica | tion nun | nber | |
| GO | ODWILL INDUSTRIES INTERNA | ATIONALING | | | | | | | | 53 | -01965 | 17 | | | |
| P | art I Bond Issues | | | | | | | | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue | price | (f) |) Descriptio | n of purpose | (g) De | feased | ` ' | On | | Pool |
| | | | | | | | 1 | | | | | | alf of suer | fına | ncing |
| | | | | | | | i | | | Yes | No | Yes | No | Yes | No |
| A | MARYLAND ECONOMIC | 52-1376562 | 574205ER7 | 01-15-2004 | 3,70 | 000,00 | purch | nase of land | and building at | | Х | | X | | Х |
| | DEVELOPMENT CORPORATION | | | | | | 1581 MD | LO Indianola | Dr Rockville, | | | | | | |
| | CORPORATION | | | | | | MD | | | | | | | | |
| Pa | art II Proceeds | | | | | | | | | | | | | | |
| | | | | , | | A | | E | 3 | | С | | | D | |
| 1 | A mount of bonds retired | <u> </u> | | | | | | | | | | | | | |
| 2 | A mount of bonds legally defea | | | | | | | | | | | | | | |
| 3 | Total proceeds of issue | | | | | 2,100, | ,000 | | | | | | | | |
| 4 | Gross proceeds in reserve fun | nds | | | | | | | | | | | | | |
| 5 | Capitalized interest from proc | eeds | | | | , | | | | | | | | | |
| 6 | Proceeds in refunding escrows | S | | | | | | | | | | | | | |
| 7 | Issuance costs from proceeds | s | | | | 86, | ,096 | | | , | , | | | , | |
| 8 | Credit enhancement from proc | ceeds | | | | | | | | | | | | | |
| 9 | Working capital expenditures | from proceeds | | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | ceeds | | | | 2,100, | ,000 | | | | | | | | |
| 11 | Other spent proceeds | | | | 1 | | | | | | | | | | |
| 12 | Other unspent proceeds | | | • | | | | | | | | | | | , |
| 13 | Year of substantial completion | n | | | 20 | 004 | | | | | | | | | |
| | | | | | Yes | No | , | Yes | No | Yes | T | No | Yes | | No |
| 14 | Were the bonds issued as part | t of a current refundir | ng issue? | | × | | | | | | | | | | |
| 15 | Were the bonds issued as part | t of an advance refun | ding issue? | | | Х | | | | | | | | | |
| 16 | Has the final allocation of prod | ceeds been made?. | | | Х | | | | | | | | | | |
| 17 | Does the organization maintai | | | | х | | | | | | | | | | |
| Pa | allocation of proceeds? | | <u> </u> | | | | | | | | | | | | |
| | | | | | | Α | | В | ; | | С | $\neg \neg$ | | D | |
| | | | | | Yes | No | | Yes | No | Yes | | No | Yes | | No |
| 1 | Was the organization a partne | | a member of an LL | C, which owned | | х | | | | | | | | | |

Are there any lease arrangements that may result in private business use of bond-

Χ

| encadie i | ((101111330 | , | | |
|-----------|-------------|----------|-----|-------------|
| Part III | Private | Business | Use | (Continued) |
| | | | | |

| | | | A | | В | | С | ſ | D |
|----------|--|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use of bond-financed property? | | х | | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed | | | | | | | | |
| <u>с</u> | Are there any research agreements that may result in private business use of bond- financed property? | | X | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | • | | • | | • | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | х | | | | | | |
| | A selection of the second | | | | | | | | |

Part IV Arbitrage

| - | TOTAL ALDICAGE | | | | | | | | |
|----|--|----------|----------|-----|----|-----|----|-----------------|-------------|
| | | | \ | В | | С | | D | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | | | | | |
| ь | Exception to rebate? | | Х | | | | | | |
| С | No rebate due? | | Х | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | • | | |
| 3 | Is the bond issue a variable rate issue? | Х | | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | Х | | | | | | | |
| Ь | Name of provider | SunTrust | | | | | | | |
| С | Term of hedge | 700 0000 | 000000 % | | | | | | |
| d | Was the hedge superintegrated? | | × | | | | | | |
| e | Was the hedge terminated? | | × | | | | | | |
| | | | | ı | 1 | | | hadula I/ (Farm | - 000) 2015 |

| | | | | | | | | | | i age 💆 |
|-----------|--|--|-------------------------------|--------------|---------------|--------------|---------------|------|-----|---------|
| Pai | tt IV Arbitrage (Co. | ntinued) | | | | | | | | |
| | | | Α | | В | | С | | D | |
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a | Were gross proceeds in contract (GIC)? | vested in a guaranteed investment | | × | | | | | | |
| b | Name of provider | | | | | | | | | |
| С | Term of GIC | | | | | | | | | |
| d | | harbor for establishing the fair market | | | | | | | | |
| 6 | Were any gross proceed period? | ds invested beyond an available temporary | | × | | | | | | |
| 7 | Has the organization es the requirements of sec | tablished written procedures to monitor tion 148? | | × | | | | | | |
| Pa | rt V Procedures T | o Undertake Corrective Action | | | | | | | | |
| | | | A | | В | } | С | | D | |
| | | | Yes | No | Yes | No | Yes | No | Yes | No |
| | that violations of federa and corrected through t | tablished written procedures to ensure I tax requirements are timely identified he voluntary closing agreement program if available under applicable regulations? | × | | | | | | | |
| Pá | art VI Supplemen | tal Information. Provide additional inforr | nation for res | oonses to qu | iestions on S | chedule K (s | ee instructio | ns). | | |
| | Return Reference | | Explanation | | | | | | | |
| SCH 14 | EDULE K, PART II, LINE | THE ORIGINAL BOND ISSUE AMOUNT WAS \$ MARCH 23, 2010, \$1,600,000 IN BOND PRIN REFUNDED BY SUNTRUST BANK, IN THE AMO ADDITIONAL \$100,000 IN PRINCIPAL HAS E | CÍPAL HAD BE UNT OF \$2,40 | EN PAID DOV | WN THE BONE | OS WERE | I | | | |

| Return Reference | Explanation |
|------------------------------|---|
| SCHEDULE K, PART IV, LINE 2C | NO REBATE WAS NECESSARY AS ALL PROCEEDS FROM THE BOND ISSUANCE WERE SPENT BY 2004 |
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DLN: 93493123012856

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization | Employer identification number |
|---------------------------------------|--------------------------------|
| GOODWILL INDUSTRIES INTERNATIONAL INC | 53-0196517 |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, Iine 1 | THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE CORPORATION'S OFFICERS, THE CHAIR OF THE CONFERENCE OF EXECUTIVES, AND THREE ADDITIONAL DIRECTORS SELECTED BY THE CHAIR OF THE BOARD FOUR MEMBERS OF THE EXECUTIVE COMMITTEE ARE EMPLOYED CHIEF EXECUTIVES OF ORGANIZATIONAL MEMBERS AND IMMEDIATE PAST CHAIRMAN OF THE CONFERENCE OF EXECUTIVES WHO SHALL BE AN EX-OFFICIO WITH VOICE, BUT NO VOTE. THE IMMEDIATE PAST CHAIR OF THE BOARD SHALL BE EXTENDED ONE YEAR WITH VOTING RIGHTS IF THE CHAIR'S TERM OTHERWISE WOULD TERMINATE. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION AND THE BOARD, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY (A) TO BUY, SELL, LEASE, RENT, MANAGE REAL PROPERTY, (B) APPROVE A PLAN OF MERGER OR DISSOLUTION OF THE CORPORATION, (C) FILL VACANCIES ON THE BOARD, OR (D) APPOINT OR DISMISS THE CORPORATION'S CEO. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED AND DISCUSSED AS SOON AS POSSIBLE WITH THE FULL BOARD. |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, Iine 4 | The Delegate Assembly approved a series of clarifications and updates to the Gll bylaws during their meeting on June 21, 2015, which addressed 1) where assets are left on dissolution of the corporation, 2) the composition of the Board Development Committee, 3) Executive Committee authority, 4) the number of private sector board members and the ex officio position of the chair of Goodwill Industries Volunteer Services Advisory Council (GIVSAC), and 5) alignment with Gil's global development work as a result of the new Gll Board approved Global Development Policy Each amendment passed with two-thirds majority vote of the Delegate Assembly |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, line 6 | ORGANIZATIONAL MEMBERS INCLUDE ALL MEMBERS IN THE UNITED STATES AND CANADA AND ANY OTHER MEMBERS WHICH APPLY FOR AND ARE FOUND ELIGIBLE UNDER THE REQUIREMENTS ESTABLISHED BY THE DELEGATE ASSEMBLY OTHER FORMS OF AFFILIATION WITH INTERNATIONAL ENTITIES, SUCH AS LICENSING AGREEMENTS, AFFILIATE AGREEMENTS, OR OTHER BINDING AGREEMENTS, MAY BE ENTERED INTO BY GII WITH THIRD PARTIES PROVIDED SUCH AFFILIATIONS ARE ALIGNED WITH GII BOARD-APPROVED GLOBAL DEVELOPMENT POLICY AS IT MAY CHANGE FROM TIME TO TIME |

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section A, line 7a | THE DELEGATE ASSEMBLY (COMPRISED OF A LOCAL BOARD MEMBER AND THE LOCAL CEO OR A MEMBER OF THEIR STAFF) ELECTS PUBLIC/PRIVATE BOARD MEMBERS, THE CONFERENCE OF EXECUTIVES (COMPRISED OF MEMBER CEO'S) ELECTS THE MEMBERS OF THE EXECUTIVE COUNCIL, WHICH ARE EX-OFFICIO MEMBERS OF THE BOARD THE IMMEDIATE PAST BOARD CHAIR WILL REMAIN AS A VOTING MEMBER OF THE BOARD FOR THE YEAR SUBSEQUENT TO HIS OR HER SERVICES AS CHAIR OR THE END OF HIS OR HER TERM ON THE BOARD, WHICHEVER IS LONGER BOARD CHAIRS ARE SELECTED BY THE BOARD OF DIRECTORS |

| Return Reference | Explanation |
|---------------------|---|
| | THE DELEGATE ASSEMBLY, ACCORDING TO THE BY LAWS, "SHALL ELECT THE BOARD OF DIRECTORS, FIX THE DUES OF THE CORPORATION'S ORGANIZATIONAL MEMBERS, VOTE UPON PROPOSED AMENDMENTS TO THE BY LAWS, VOTE UPON PROPOSED CHANGES TO THE TERRITORY POLICY, AND VOTE UPON REQUIREMENTS FOR ORGANIZATIONAL MEMBERSHIP" ADDITIONALLY, THE DELEGATE ASSEMBLY HAS THE RIGHT TO VOTE ON THE FOLLOWING MATERIAL MODIFICATIONS OR ADDITIONS TO GOODWILL INDUSTRIES INTERNATIONAL, INC'S REQUIREMENTS FOR MEMBERSHIP OF ITS ORGANIZATIONAL MEMBERS ANY SUCH MODIFICATION OR ADDITION MUST BE APPROVED BY A TWO-THIRDS VOTE OF THE DELEGATE ASSEMBLY |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, line 11 | ONCE THE FORM 990 HAS BEEN FINALIZED, GOODWILL INDUSTRIES INTERNATIONAL INC 'S AUDIT COMMITTEE REVIEWS, DISCUSSES, AND VOTES TO ACCEPT AFTER THE COMMITTEE ACCEPTS, THE FORM 990 IS THEN (A) DISTRIBUTED TO THE FULL BOARD AS PART OF BOARD MEETING MATERIALS AND (B) OFFERED FOR ACCEPTANCE. IT IS EACH BOARD MEMBER'S RESPONSIBILITY TO REVIEW THE FORM 990 IN SUFFICIENT DETAIL SO AS TO BRING ANY QUESTIONS OR CONCERNS TO THE TABLE BEFORE ACCEPTANCE. |

| Return Reference | Explanation |
|---------------------|--|
| VI, Section B, line | GOODWILL INDUSTRIES INTERNATIONAL, INC REQUIRES EVERY BOARD MEMBER AND GII EMPLOYEE AT CERTAIN LEVEL TO FILL OUT AND RETURN AN ANNUAL CONFLICT OF INTEREST CHECKLIST THE COMPLETED CHECKLISTS ARE THEN REVIEWED FOR ITEMS OF CONFLICT ITEMS NOTED AS A POTENTIAL CONFLICT, IF ANY, ARE REVIEWED BY BOTH THE AUDIT COMMITTEE AND GENERAL COUNSEL, AND APPROPRIATE ACTION IS TAKEN TO HANDLE THE DISCLOSURES |

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 15 | EVERY YEAR, AN EXTERNAL COMPENSATION CONSULTANT IS HIRED TO SURVEY THE MARKETPLACE AND TO PROVIDE MARKET DATA ON THE CEO POSITION THE CEO POSITION IS MATCHED WITH OTHER SIMILAR POSITIONS IN ORGANIZATIONS WITH SIMILAR REVENUES AS GOODWILL INDUSTRIES INTERNATIONAL, INC. FOR THE CEO POSITION, BOTH BASE PAY AND TOTAL COMPENSATION PAY ARE COMPARED TOTAL COMPENSATION INCLUDES BASE PAY, BONUS PAY, AND DEFERRED COMPENSATION EVERY YEAR, THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE BOARD, CONDUCTS A FORMAL PERFORMANCE EVALUATION ON THE CEO. THIS REVIEW CONSIDERS OUTCOMES ON GOALS RELATED TO THE ORGANIZATIONAL STRATEGIC PLAN, FINANCIAL PERFORMANCE, AND RESULTS FROM A SURVEY OF THE BOARD MEMBERS ON PERFORMANCE SURVEY RESULTS ARE COMPILED BY AN EXTERNAL CONSULTANT AND FORWARDED TO THE CHAIR OF THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE USES THE RESULTS FROM THE STRATEGIC PLAN, THE FINANCIAL PERFORMANCE, AND THE RESULTS FROM THE STRATEGIC PLAN, THE FINANCIAL PERFORMANCE, AND THE RESULTS FROM THE COMPENSATION COMMITTEE USES THE RESULT OF THE STRATEGIC PLAN, THE FINANCIAL PERFORMANCE, AND THE RESULTS FROM THE COMPENSATION COMMITTEE USES THE RESULT OF REPORT TO THE BOARD OF DIRECTORS ANY INCREASE OR DECREASE IN PAY AND/OR BONUS THAT IS WITHIN THE MARKET COMPENSATION RANGES THAT WERE PROVIDED BY THE EXTERNAL COMPENSATION CONSULTANT FOR COMPARABLE CEO POSITIONS THE CEO'S CHANGE IN COMPENSATION AND BONUS, IF ANY BECOMES EFFECTIVE JULY 1st FOR OFFICERS AND KEY EMPLOYEES, POSITIONS ARE MATCHED BY AN EXTERNAL COMPENSATION CONSULTANT WITH OTHER SIMILAR POSITIONS IN ORGANIZATIONS WITH SIMILAR REVENUES AS GOODWILL INDUSTRIES INTERNATIONAL, INC. THE POSITIONS REVIEWED ARE CHIEF MARKETING OFFICER & SENIOR VP GLOBAL DEVELOPMENT, CHIEF FINANCIAL OFFICER, CHIEF OPERATING OFFICER, AND THE VICE PRESIDENT OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT. THE MARKET RANGES FOR BASE PAY AND BASE PLUS BONUS ARE PROVIDED TO THE COMPENSATION COMMITTEE. COMPENSATION CONSULTANT THE COMPENSATION COMMITTEE REVIEWS THIS DATA AND APPRO |
| | |

| Return Reference | Explanation |
|--------------------|--|
| Section C, line 19 | UPON REQUEST, GOODWILL INDUSTRIES INTERNATIONAL, INC. PROVIDES COPIES OF ITS ARTICLES OF INCORPORATION, BY LAWS, AND ITS CONFLICT OF INTEREST POLICIES. THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORMS 990 ARE AVAILABLE ON ITS PUBLIC WEBSITE. |

| Return Reference | Explanation |
|---------------------------|--|
| Form 990, Part XI, line 9 | UNREALIZED GAIN ON INTEREST RATE SWAP 21,162 |

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART XII, LINE 2C | THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VII, SECTION A, LINE 1A | IN ADDITION TO ITS VOTING DIRECTORS, GOODWILL INDUSTRIES INTERNATIONAL, INC. HAS TWO NON-VOTING EMERITUS BOARD MEMBERS. WILL A COURTNEY AND EVELYNE VILLINES. THEY MAY BE CONTACTED IN CARE OF GOODWILL |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493123012856

SCHEDULE R (Form 990)

Name of the organization

GOODWILL INDUSTRIES INTERNATIONAL INC

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

| 70

Employer identification number

53-0196517

2015

OMB No 1545-0047

Open to Public
Inspection

Schedule R (Form 990) 2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I Legal domicile (state Total income Direct controlling Name, address, and EIN (if applicable) of disregarded entity End-of-year assets Primary activity or foreign country) entity (1) 15810 INDIANOLA DRIVE LLC (SINGLE MEMBER LLC) MD 274,539 62,012 Holding entity for GII's 15810 INDIANOLA DRIVE member services center ROCKVILLE, MD 20855 53-0196517 Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? No Yes (1)GOODWILL MISSION AND JOB CREATION SERVICES INC (qmics) LOANS TO GW MEMBERS DC 501(C)(3) 509(a)(2) GII Yes 15810 INDIANOLA DRIVE AT A LOWER COST TO CREATE JOBS AND ROCKVILLE, MD 20855 PROMOTE MISSION 45-5221005

Cat No 50135Y

| Schedule R (Form 990) 2015 | | | | | | | | | | | | Page 2 |
|--|--------------------------------|---|--|---|---------------------------------|--|-------------------------|-------|--|----------------------|-----------------|---------------------------------------|
| Part III Identification of Related Organizations Taxable because it had one or more related organizations treated. | | | | | ation answ | ered "Yes | s" on I | Form | 990, Part I' | V, lın | e 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h Disprop alloca | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | ral or aging | (k) Percentage ownership |
| | | | | 311) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable 34 because it had one or more related organizations to | as a Corpor reated as a c | r ation orporat | or Trust C ion or trust | Complete if the total | e organiza ax year. | ation ansv | wered | "Yes" | on Form 9 | 90, F | Part 1 | IV, line |
| (a) (b) | (c) | Т | (d) | (e) | (f) | | (a) | 1 | (h) | (| i) | |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | Share of total income | (g) Share of end- of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | | _ |
|---|----------------------|---|------------------------------|---|--------------------------|---|---------------------------------------|--|----|---|
| | | | | | | | | Yes | No | - |
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| Pa | Transactions With Related Organizations Complete if the organization answer | red "Yes" on Form | 990, Part IV, line | e 34, 35b, or 36. | | | |
|---------------|---|---|------------------------|------------------------------|---------|--------|----|
| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| 1 D | ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more re | lated organizations lis | sted in Parts II-IV? | • | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | No |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No |
| c | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | No |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | No |
| g | Sale of assets to related organization(s) | | | | 1g | | No |
| h | Purchase of assets from related organization(s) | | | | 1h | | No |
| i | Exchange of assets with related organization(s) | | | | 1i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | | No |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Yes | |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | Yes | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | No |
| | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount ir | volved | |
| (1) GM | JCS | Q | 77,129 | LOAN SERVICING AGREEMENT | | | |
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization. See instructions | | | | | | | | | | • | | | |
|--|-------------------------|-----------------------|--|-----|---|------------------------------------|--|-------------------------------------|----------|---|----------------------|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations | _ | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | <u> </u> | | 1 | 1 | ı |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

Page **5**