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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public
Inspection

A For	the .	2009 cale	endar yea	r, or tax year beginning 0	1-01-2009 and	ending 12-31-200	9		
3 Chec	ck ıfa		Please	C Name of organization GOODWILL INDUSTRIES OF	CENTRAL INDIANA IN	IC		D Employer i	identification number
Addr	ess ch		use IRS label or	Doing Business As				35-0893 E Telephone	
_ Nam	e cha		print or type. See	Doing business As				-	
– Initia	al retu	rn s	Specific	Number and street (or P O	box if mail is not del	livered to street addre	ss) Room/suite	(317) 524	
Tem	nınate	d i	Instruc- tions.	1635 W MICHIGAN STREET				G Gross receip	ots \$ 82,604,640
– Ame	nded	return		City or town, state or count	ry, and ZIP + 4				
– Appl	ıcatıor	n pending		INDIANAPOLIS, IN 46222					
			F Nan	re and address of principa	alofficer		H(a) is th	l Is a group ret	urn for
				L J RILEY			affilia		⊤Yes ▼No
				V MICHIGAN STREET NAPOLIS,IN 46222			U/h) Ana ai	l affiliates in al	dada Evas Ens
				,			1	laffiliates incl	uded? Yes No st (see instructions)
Tax	-exem	npt status	501(c)	(3) ◄ (Insert no)	7(a)(1) or $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			ip exemption	
We	bsite	e: ► WWV	V GOODW	/ILL-INDY ORG					
€ Form	of or	ganization	✓ Corporat	ion Trust Association	Other -		L Year of fo	rmation 1936	M State of legal domicile IN
Par	_								· · · · · · · · · · · · · · · · · · ·
	1	•		e organization's mission o	_	nt activities			
.		SEE SCH	IEDULE C	FOR FULL DESCRIPTION	O N				
Governance									
<u> </u>									
<u> </u>	2	Check th	ııs box 🛏	_ If the organization disco	ontinued its opera	itions or disposed	of more than	25% of its ne	t assets
	3		•	nembers of the governing					3 1
Activities &	4		_	ident voting members of t					41
<u> </u>				nployees (Part V , line 2a)			,		5 3,27
5				olunteers (estimate if nece					6 3
₹				ted business revenue fror					7a
		_		ness taxable income from	ŕ	* **	•		7b
					,		Prio	r Year	Current Year
	8	Contribi	utions and	d grants (Part VIII, line 1	h)			1,338,356	
<u>a</u>	9			revenue (Part VIII, line 2				51,255,903	1
듄	10			ne (Part VIII, column (A)				203,071	
Æ	11			art VIII, column (A), line		•		5,345,335	· · · · · · · · · · · · · · · · · · ·
	12			dd lines 8 through 11 (mu			e	3,313,333	1,723,23
					•	, , , , , , , , , , , , , , , , , , , ,		58,142,665	64,675,560
	13	Grants	and sımıla	ar amounts paid (Part IX,	column (A), lines	1-3)			251,050
	14	Benefits	paid to o	or for members (Part IX, c	olumn (A), line 4)			С
ø	15		s, other co	ompensation, employee be	enefits (Part IX, o	column (A), lines	5-	22 047 162	37,984,306
Бхрензев	16a	10)	ional fund	raising fees (Part IX, colu	ımn (A.) lına 11a	`		33,947,162	37,984,300
<u>Φ</u>	_					,			
_	b 17			enses (Part IX, column (D), line		246		24 164 504	24.072.055
	17			(Part IX, column (A), lines				24,164,594	· · · · ·
	18 19			Add lines 13–17 (must ed				58,111,756	
	17	Revenue	e iess exp	penses Subtract line 18 f	rom mie 12 .	<u> </u>	Reginning	30,909 g of Current	
Net Assets or Fund Balances								ear ear	End of Year
38 38 1	20	Totalas	sets (Par	t X, line 16)				51,736,594	48,378,796
2 E	21	Total lia	abilities (F	Part X, line 26)				30,936,109	25,647,504
ž.E	22	Netass	ets or fun	d balances Subtract line	21 from line 20			20,800,485	22,731,292
Part	Ш	Signa	ture Bl	ock					
				rjury, I declare that I have exa correct, and complete Declarat					
			i, it is true,	correct, and complete bedarde	ion or preparer (other	ir than officery is base	a on an informat	ion of Willen pre	Safer has any knowledge
Sign		****	*				2010-	08-13	
Here		Signat	ure of office	er			Date		
				ICE PRESIDENT AND CFO					
		Type o	or print nam	e and title					
		Preparer's	<u></u>		Date		Check If		ntıfyıng number
Paid		signature		DA MEKO			self- empolyed •	(see instruction	ons)
Prepa	rer's	Firm's nan	ne (or your	S & GREENWALT CPAS INC			. / 1		
Jse O		If self-emp		P	т			EIN 🕨	
	-	audiess, a	mu ZIP + 4	5342 W VERMONT STREET				Phone no 🕨	(317) 241-2999
			:	INDIANAPOLIS, IN 46224				1	Ves I No
4 2 W + P	- T D		thic rotii	rn with the preparer showi	n anguat (caa inc				ie van I Na

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SEE	SCHEDIII	$F \cap F \cap$	D FIII	

2		ion undertake any signific 90 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe	e these new services on S	chedule O			
3		ion cease conducting, or			nducts, any program	┌ Yes ┌ No
	If "Yes," describe	e these changes on Sched	ule O			
4	Section 501(c)(3		tions and secti	on 4947(a)(1) trusts a	largest program services b ire required to report the an service reported	
4a	(Code) (Expenses \$	54.717.619	ıncludıng grants of \$) (Revenue \$	57,145,115)
	•	OR FULL DESCRIPTION	31,717,013	molaumy granto or p	, (Nevendo ¢	
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		ıncluding grants of \$) (Revenue \$)
4d	Other program :	services (Describe in Sch	nedule O)			
	(Expenses \$	ınc	ludıng grants o	f \$) (Revenue \$)
4e	Total program s	ervice expenses►\$	54,717,61	9		

Part IV	Checklist	of Red	uired	Schedule

			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? 🕏	2	Yes	
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 42 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νο
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	For contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

1635 W MICHIGAN ST INDIANAPOLIS, IN 46222

(317) 524-4313

Governance, Management, and Disclosure 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	ction A. Governing Body and Management			
			Yes	No
4_				
1a b	Enter the number of voting members of the governing body 1a 15 Enter the number of voting members that are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
-	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		3.5	
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed IN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n -
	DAN RILEY			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did no	t compensa	te any o	curre	nt or	forr	ner o	fficei	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che d		I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
jeaN WOJTOWICZ dIRECTOR	1 00	Х						0	0	0
OWEN b melton jr chair	1 00	Х						0	0	0
maRIBETH SMITH vice chair	1 00	Х						0	0	0
GORDON M graham dIRECTOR	1 00	Х						0	0	0
peggy boehm DIRECTOR	1 00	Х						0	0	0
brian king DIRECTOR	1 00	Х						0	0	0
justin christian DIRECTOR	1 00	Х						0	0	0
thomas a kıng DIRECTOR	1 00	Х						0	0	0
mark denien Treasurer	1 00	Х						0	0	0
thomas e o'brien secretary	1 00	Х						0	0	0
DERRICK BURKS DIRECTOR	1 00	Х						0	0	0
MICHAEL O'CONNOR DIRECTOR	1 00	Х						0	0	0
bruce m jacobson DIRECTOR	1 00	Х						0	0	0
thomas h sams DIRECTOR	1 00	Х						0	0	0
JAMES M MCCLELLAND presiDENT/CEO	40 00			Х				541,125	0	35,036
DANIEL J RILEY VP/CFO/ASST SEC/TREASUR	40 00			Х				175,637	0	29,512
KEITH REISSAUS VICE PRESIDENT	40 00				Х			151,574	0	26,746

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

(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KENT KRAMER VICE PRESIDENT	40 00				х			167,365	0	27,748
JAMES HUMPHREY VICE PRESIDENT	40 00				х			150,311	0	27,521
CINDY GRAHAM VICE PRESIDENT	40 00					х		139,550	0	16,049
Scott Bess vice preSIDENT	40 00					х		129,124	0	19,412
ZAIDA MONELL SENIOR DIRECTOR	40 00					х		101,524	0	8,615
LINDA BRIMMER COO GW FOUNDATION	40 00						х	105,287	0	15,227
See supplemental info on Schedule J, Part III							х	0	0	0
1b Total			•		-		<u> </u>	1,661,497	0	205,866
2 Total number of individuals (includi	na but not li	mıted to	thos	se lis	sted	above) wh	o received more tha	ın	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►9

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> 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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

	Section	B.	Indepe	ndent	Contra	ctors
--	---------	----	--------	-------	--------	-------

\$100,000 in compensation from the organization ► 1

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Duke Construction Limited Partnership 75 remittance drive suite 3230 chicago, IL 60675	construction services	1,004,673
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Form 99	•	,						Page 9
Part \	<u>/##</u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>\$ \$</u>	1a	Federated cam	paigns 1a	387,233				
E E	ь	Membership du	es 1b					
ું.	С	Fundraising eve	ents 1 c					
≣ੂੁੁ≅	d		rations 1d					
ins, sim	е	Government grants						! !
e etic	f	All other contributions similar amounts no	ons, gifts, grants, and 1f ot included above	2,121,230				
Contributions, gifts, grants and other similar amounts	g		butions included in					
a G	h		s 1a-1f	▶	2,508,463			
				Business Code				
Program Serwce Revenue	2a	donated good sale	s	453,310	52,935,839	52,935,839		
Fe Se	ь	government contra	acts	900,099	3,908,513	3,908,513		
<u> 1</u> 26	С	EDUCATION SERVI	CES	624,310	156,657	156,657		
Zer.	d	COMMERCIAL SERV	VICES	900,099	144,106	144,106		
Ē	e							
Ď	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f	▶	57,145,115			
	3		ome (including dividend	. F	168,641			168,641
	4		ar amounts) stment of tax-exempt bond ;	· · ·	100,041			100,041
	5							
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities 9,157,081	(II) O ther 1,082,224				
	b	Less cost or other basis and sales expenses	9,060,310	1,053,948				
	C .	Gain or (loss)	96,771	28,276	125,047			125,047
	d 8a	Gross income f	rom fundraising		123,047			123,047
Other Revenue	b	See Part IV, lin	reported on line 1c)	events •				
_	9a		rom gaming activities					
	Ь	See Part IV, lin	a e 19 a					
	С	Net income or (loss) from gaming activ	vities►				
	10a	Gross sales of returns and allo		11,404,383				
	b		oods sold b	7,814,822				
	С	Net income or ((loss) from sales of inve	entory	3,589,561	3,589,561		
	11a	OTHER REVEN		900,099	1,138,733			1,138,733
	b	ZEKKEVEN						
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		1,138,733			
	12	Total revenue.	See Instructions	▶	64,675,560	60,734,676		1,432,421

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
			(B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	251,050	251,050		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	772,314		772,314	
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	27,823,426	24,527,710	3,038,361	257,355
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,388,566	7,966,820	1,344,386	77,360
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
С	Accounting	31,194		31,194	
d	Lobbying	32,221			
u _	Professional fundraising See Part IV, line 17				
f	Investment management fees				
	Other	2 454 208	2 144 542	209 260	1 405
g 12	Advertising and promotion	2,454,298	2,144,543	 	1,495
13	- · · · · · · · · · · · · · · · · · · ·	1,544,581	1,136,220	· · · · · · · · · · · · · · · · · · ·	10,288
	Office expenses	2,040,212	1,877,717	155,831	6,664
14	Information technology				
15	•	12.626.600	44 476 726	1 120 000	24.064
16	Occupancy	12,626,699	11,476,736	 	21,864
17	Travel	1,227,953	1,105,619	118,252	4,082
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	478,491	478,491		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,567,451	3,010,087	552,400	4,964
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	CLIENT ASSISTANCE	311,983	281,563	24,993	5,427
ь	Miscellaneous	265,377	265,513	 	2,972
С	MEMBERSHIP DUES	175,653	3,909	· · ·	916
d	STAFF DEVELOPMENT	129,408	70,986	 	79
e		120,655	120,655	 	_
f	All other expenses	1,			
25	Total functional expenses. Add lines 1 through 24f	63,209,311	54,717,619	8,098,226	393,466
26	Joint costs. Check here ► ☐ If following SOP 98-2	03,203,311	34,717,019	0,030,220	373,400
20	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				,	

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,938,447	1	523,295
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,534	3	
	4	Accounts receivable, net			3,052,967	4	3,558,401
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	4958(c)(3)(B) Complete Part II of				
		Schedule L				6	
Assets	7	Notes and loans receivable, net	•			7	
SS	8	Inventories for sale or use			2,764,485	8	2,062,540
⋖	9	Prepaid expenses and deferred charges			568,880	9	624,056
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	52,583,433			
	ь	Less accumulated depreciation	10b	15,200,034	38,358,593	10c	37,383,399
	11	Investments—publicly traded securities			3,561,197	11	3,671,533
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			483,491	15	555,572
	16	Total assets. Add lines 1 through 15 (must equal line 34)			51,736,594	16	48,378,796
	17	Accounts payable and accrued expenses .			9,835,741	17	5,409,219
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			13,975,000	20	13,535,000
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			259,358	23	103,609
	24	Unsecured notes and loans payable to unrelated third parties			2,245,375	24	2,093,510
	25	Other liabilities Complete Part X of Schedule D			4,620,635	25	4,506,166
	26	Total liabilities. Add lines 17 through 25			30,936,109	26	25,647,504
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete li	ines 27			
อกเ	27	Unrestricted net assets			20,774,222	27	22,622,295
69	28	Temporarily restricted net assets			26,263	28	108,997
Z	29	Permanently restricted net assets				29	
표		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
0r		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			20,800,485	33	22,731,292
_	34	Total liabilities and net assets/fund balances			51,736,594	34	48,378,796

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	

Form **990** (2009)

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A (Form 990 or 990EZ)

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

Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization GOODWILL INDUSTRIES OF CENTRAL INDIANA INC **Employer identification number**

									35-08935		
Pa	rt I	Reas	on for Pub	olic Charity State	u s (All org	anızatıons	must comp	olete this pa	irt.) See in	structions	
he	organız	zatıon ıs	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	gh 11, check	only one box	()		
1	\sqcap	A churc	h, conventio	on of churches, or ass	sociation of	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu:	le E)				
3	\vdash	A hospi	tal or a coop	erative hospital serv	rice organiza	ation descri	bed in sectio	n 170(b)(1)(A)(iii).		
4	Γ		al research l's name, cit	organization operate y, and state	d in conjund	ction with a	hospital desc	cribed in sect	ion 170(b)(1	L)(A)(iii). Er	nter the
5	Γ	An orga	nızatıon ope	rated for the benefit	of a college	or universit	y owned or o	perated by a	governmenta	al unit descr	 ıbed ın
		sect ion	170(b)(1)(#	\)(iv). (Complete Pa	rt II)						
6	Γ	A feder	al, state, or l	ocal government or q	governmenta	al unıt desci	ıbed ın secti	on 170(b)(1)	(A)(v).		
7	⊽	describ	ed ın	t normally receives a		l part of its s	support from	a governmer	tal unit or fro	om the gener	ral public
8	Г			described in section		()(vi) (Com	plete Part II)			
9	, _		•	t normally receives			•	•	utions. mem	bership fees	and aross
,	'	receipts its supp	s from activit oort from gro	ties related to its exe ss investment incom anization after June 3	empt functione ne and unrela	ns—subject ated busines	to certain ex ss taxable in	xceptions, ar come (less s	id (2) no mor ection 511 t	e than 331/3	3% of
10	Γ	An orga	nization org	anızed and operated	exclusively	to test for p	ublic safety	See section 5	509(a)(4).		
11	Γ	one or r	nore publicly	anized and operated v supported organization vies the type of suppo b Type II	tions descri rting organi	bed in section and c	on 509(a)(1) omplete line:	or section 5	09(a)(2) Se	e section 50	
e f g	Γ	other th section If the or check t Since A	an foundatio 509(a)(2) rganization r his box	x, I certify that the o on managers and othe eceived a written det 006, has the organiz	er than one o	or more publ	icly supporte	ed organizati	ons describe	d in section	509(a)(1) or
				ectly or indirectly co	ntrols, eithe	ralone or to	gether with i	persons desc	rıbed ın (ıı)		Yes No
		and (III)	below, the g	overning body of the	the support	ted organiza	tion?			11g(i)
		(ii) a fa	mily membe	r of a person describ	ed in (i) abo	ve?				11g(i	
			•	ed entity of a person			bove?			11g(i	
h				g information about t							' 1 1 —
				•		J	. ,				
	(i) Name suppor	of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		on in ed in col (i) of your rning Did you notify the organization in col (i) of your col (i) org		he ition in ganized	(vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No	
				• • •							
						1	1				

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	, or 8 of Part I.	.)			
	ection A. Public Support	<u> </u>		 	ı			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	2,343,48	4 1,550,855	1,111,399	1,338,356	2	2,508,463	8,852,557
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the	2,343,48	4 1,550,855	1,111,399	1,338,356	2	2,508,463	8,852,557
6	amount shown on line 11, column (f) Public Support. Subtract line 5							8,852,557
_	from line 4							
	ection B. Total Support endar year (or fiscal year		T	T				
Care	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	2,343,484	532,532	1,111,399	1,338,356	2,	508,463	8,852,557
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	302,812	532,532	478,889	258,334		168,641	1,741,208
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,034,189	472,514	827,110	914,197	1,	138,733	4,386,743
11	Total support (Add lines 7 through 10)							14,980,508
12	Gross receipts from related activit		·			12		272,147,926
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or fı	fth tax year as a !	501(c)(3) organız	ation,
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fl)		14		59 090 %
15	Public Support Percentage for 200	•	.,	(1)/		 		
	33 1/3% support test—2009. If the	•	•	on line 12 and li	no 14 ie 22 1/20/	15 or more	chack +	57 370 %
b	and stop here. The organization qual 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me	alifies as a public e organization did n qualifies as a p — 2009. If the org ition meets the "f	ly supported orga not check the box ublicly supported anization did not o facts and circums	nization k on line 13 or 16; organization :heck a box on line :ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st e	33 1/3% and line	or more, o 14 Explain	check this
L	organization		anization did not	hock a how on lie	0 13 160 16h -	r 1 7 2 2 -	d luna	►
	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization	nization meets th ition meets the "1	e "facts and cırcu ācts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	r e. publicly	▶ ┌
18	Private Foundation If the organizations	ion did not check	(a box on line 13,	16a, 16b, 17a or	1/b, check this b	oox and :	see	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493225024800

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

nterna	al Revenue Service	► Attach to F	orm 990. ► See separate instructions.	Inspection
	me of the organi			Employer identification number
GO	ODWILL INDUSTRIES	G OF CENTRAL INDIANA INC		35-0893506
Pa				funds or Accounts. Complete if the
	organiz	zation answered "Yes" to Form 9	,	
	T. 4-1	h and a6	(a) Donor advised funds	(b) Funds and other accounts
1	Total number a	·		
2 3		tributions to (during year) hts from (during year)		
4	33 3 3	e at end of year		
5	Did the organiz	zation inform all donors and donor adv	l usors in writing that the assets held in do organization's exclusive legal control?	nor advised Yes No
6	Did the organiz used only for c conferring impe	ration inform all grantees, donors, and haritable purposes and not for the be ermissible private benefit	d donor advisors in writing that grant funds	ny other purpose Yes No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes"	to Form 990, Part IV, line 7.
2	Preservati Protection Preservati Complete lines	conservation easements held by the colon of land for public use (e g , recreated of natural habitateon of open space 2a-2d if the organization held a quanche last day of the tax year	cion or pleasure) Preservation of a	n historically importantly land area certified historic structure n of a conservation
		,		Held at the End of the Year
а	Total number o	of conservation easements		2a
b	Total acreage	restricted by conservation easements	s	2b
c	Number of cons	servation easements on a certified hi	storic structure included in (a)	2c
d	Number of con	servation easements included in (c) a	acquired after 8/17/06	2d
3		servation easements modified, transf ar 🛌	erred, released, extinguished, or terminat	ed by the organization during
4	Number of stat	es where property subject to conserv	ation easement is located 🛌	
5		nization have a written policy regardin f the conservation easements it holds	ng the periodic monitoring, inspection, han ?	dling of violations, and Yes No
6	Staff and volun	teer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents during the year ►
7	A mount of exp	enses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year ► \$
8		servation easement reported on line) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction Yes No
9	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia ments	
Par			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	art, historical t	reasures, or other similar assets held	5 116, not to report in its revenue statem d for public exhibition, education or resear nancial statements that describes these	ch in furtherance of public service,
b	historical treas	·	5 116, to report in its revenue statement public exhibition, education, or research s	·
	(i) Revenues II	ncluded in Form 990, Part VIII, line :	1	► \$
		luded in Form 990, Part X		►\$
•		,	torical treasures, or other similar assets f	
2	_	nts required to be reported under SEA	·	or imancial gam, provide tile

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	reası	ures, or (<u> Othe</u>	r Similar	Asse	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that a	re a sıgnıfıc	ant u	ise of its co	llectio	n	
а	Public exhibition		d	Γ	Loan	orexo	:hange prog	rams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	erthe	organızatıoı	n's ex	cempt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	ed "Y	es" to For	m 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able					A moi	unt	
с	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 on Fo	orm 990. Part X. lin	e 21?				L		I	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990	. Par	t IV. line	10.		
		(a)Current Year) Prior `			wo Years Back		Three Years B		e) Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	dand	admınıstere	d for	the			
	organization by								1		Yes	No
	(i) unrelated organizations					•		•		3a(i)		
L	(ii) related organizations				 			•		3a(ii)	<u> </u>	<u> </u>
ь 4	Describe in Part XIV the intended uses of th	•				•		•		3b		
	t VI Investments—Land, Buildings	-				an p	art Y line	10				
. u	t VI III Cottilicito Luna, Dunanigo	s, and Equipme			Cost or		(b)Cost or o		(c) Accumu	lated		
	Description of investment				s (invest		basis (other		depreciati		(d) Bo	ok value
1a	Land						10,21	1,688			1	0,211,688
b I	Buildings						27,69	7,442	7,77	79,179	1	9,918,263
c I	Leasehold improvements											-
d I	Equipment						14,674	1,303	7,42	20,855		7,253,448
	Other						, ·		,			
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).)	٠					3	7,383,399
					. ,				Sched	ule D (Form 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
	_	
, , , , , , , , , , , , , , , , , , , ,	•	
Part VIII Investments—Program Related. Se	<u>e Form 990, Part X, line</u> T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	1	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, II		
(-,,	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ne 15. ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes due to gw commercial services	ne 15. ption 15.) X, line 25. (b) A mount 3,563,196	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	64,675,560
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,209,311
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,466,249
4	Net unrealized gains (losses) on investments	4	90,710
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	373,848
9	Total adjustments (net) Add lines 4 - 8	9	464,558
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,930,807
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	84,911,655
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	20,386,095
3	Subtract line 2e from line 1	3	64,525,560
4	A mounts 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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	150,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	64,675,560
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	81,884,278
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 XIV) 2d 18,674,967		
е	Add lines 2a through 2d	2e	18,674,967
3	Subtract line 2e from line 1	3	63,209,311
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		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	63,209,311

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		loss on interest rate swap hedge 373848
Part XII, Line 2d - Other Adjustments		GW COMMERCIAL SERVICES REVENUE EIN 35-2082941 GOODWILL EDUCATION INTIATIVES EIN 20-0749885 COST OF GOODS SOLD NETTED WITH SALES loss on Interest rate swap hedge
Part XII, Line 4b - Other Adjustments		GW Commercial services management fee
Part XIII, Line 2d - Other Adjustments		GW COMMERCIAL SERVICES EXPENSES EIN 35-2082941 GOODWILL EDUCATION INITIATIVE EXPENSES EIN 20- 0749885 COST OF GOODS SOLD NETTED WITH SALES

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

2009

DLN: 93493225024800

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES OF CENTRAL INDIANA INC

Employer identification number

35-0893506

Part I General Inforn	nation on Grants	and Assistance					
Does the organization mainst the selection criteria usedDescribe in Part IV the organization	l to award the grants o	orassistance?			•	•	✓ Yes
Form 990, Part I'	V, line 21 for any r	Governments and recipient that received 0) if additional space	d more than \$5,000.	. Check this box if no	o one recipient rec	eived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 EDUCATION INITIATIVES INC1635 W MICHIGAN ST INDIANAPOLIS IN 46222	352082941	501(C)(3)	251,030		,		EDUCATIONAL PROGRAMS

Enter total	number of	section	501(c)(3)	and	gov	erni	men	t or	gan	ızat	ions
Enter total	number of	other or	ganızatıon	s.							

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 SCHEDULE I, PART 1, LINE 2 THE ORGANIZATION IS A RELATED ORGANIZATION OF GOODWILL INDUSTIRES OF CENTRAL INDIANA, INC (GOODWILL) ALL GRANTS ARE MADE TO SUPPORT GOODWILL AND ITS PRIMARY EXEMPT PURPOSE

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DLN: 93493225024800

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

GOODWILL INDUSTRIES OF CENTRAL INDIANA INC 35-0893506 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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 Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES M MCCLELLAND	(I) (II)	304,490	50,000	186,635	26,328	8,708	576,161	
DANIEL J RILEY	(ı) (ıı)	150,288	24,500	849	16,619	12,893	205,149	
KEITH REISSAUS	(ı) (ıı)	124,385	15,000	12,189	13,853	12,893	178,320	
KENT KRAMER	(ı) (ıı)	139,731	26,000	1,634	14,855	12,893	195,113	
JAMES HUMPHREY	(ı) (ıı)	130,985	16,200	3,126	14,628	12,893	177,832	
CINDY GRAHAM	(ı) (ıı)	114,995	12,300	12,255	11,688	4,361	155,599	
LINDA BRIMMER	(ı) (ıı)	104,076		1,211	8,969	6,258	120,514	

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Part I, Line 1a	James McClelland, President and CEO of gici, received certain taxable gross-up payments to compensate him for FICA limits and retirement plan contributions
	Part I, Line 4a	JAMES MCCLELLAND, president and ceo of gici, PARTICIPATED IN a SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN
Supplemental Information		PART II EFFECTIVE JANUARY 1, 1994, THE BOARD OF DIRECTORS ESTABLISHED A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (THE PLAN) DESIGNED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS FOR JAMES MCCLELLAND, WHO HAS BEEN PRESIDENT AND CEO OF GICI SINCE 1974 THE PLAN BECAME FULLY VESTED ON JANURY 1, 2009, AT WHICH TIME ALL CONTRIBUTIONS MADE TO THE PLAN, ALONG WITH ALL ACCUMULATED EARNINGS OF THE PLAN DURING THE 15-YEAR PERIOD, WERE PAID TO MR MCCLELLAND AS A RESULT, HIS 2009 TOTAL COMPENSATION WAS SUBSTANTIALLY HIGHER THAN IN PRIOR YEARS

Schedule J (Form 990) 2009

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

DLN: 93493225024800

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

Open to Public **Inspection**

Schedule K (Form 990) 2009

Name	of the organization									Emplo	yer identifi	cation nu	ımber	
GOO	DWILL INDUSTRIES OF CENTRAL IND	IANA INC								35-0	893506			
Pa	t I Bond Issues													
	(a) Issuer Name (b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of Pu	ırpose	(g) De	feased	Beha	On alf of suer
A	INDIANA FINANCe AUTHORITY 3:	5-1602316	45505RBF1	12-01-	2006	12,0	000,000	SEE SCHED	ULE O		Yes	No X	Yes	No X
Pai	t II Proceeds													
1	Total proceeds of issue			A	2,000,000	_	3	C	:		D		E	
2	Gross proceeds in reserve funds			12	2,000,000									
3	Proceeds in refunding or defeasance es	scrows												
4	Other unspent proceeds													
5	Issuance costs from proceeds				136,483									
6	Working capital expenditures from proc	eeds			,									
7	Capital expenditures from proceeds			1:	1,863,517									
8	Year of substantial completion			200										
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	5	No
9	Were the bonds issued as part of a curr	rent refunding issu	e?		X									
10	Were the bonds issued as part of an ad	vance refunding is	sue?		Х									
11	Has the final allocation of proceeds bee	en made?		X										
12	Does the organization maintain adequa	te books and reco	rds to support	Х										
Par	Private Business Use													
						E	_				D		E	
1	Was the organization a partner in a part which owned property financed by tax-6		nber of an LLC,	Yes	No X	Yes	No	Yes	No	Yes	No	Yes	;	No
2	Are there any lease arrangements with which may result in private business us	respect to the fina	anced property		Х									
1														

Cat No 50193E

Did the bond issue qualify for an exception to rebate?

6

Page 2 Part Private Business Use (Continued) E В С D Α No Yes No Yes No Yes Yes No Yes No Are there any management or service contracts with respect to the За Χ financed property which may result in private business use? Are there any research agreements with respect to the financed property 3Ь Х which may result in private business use? Does the organization routinely engage bond counsel or other outside 3с counsel to review any management or service contracts or research Х agreements relating to the financed property? Enter the percentage of financed property used in a private business use 4 by entities other than a section 501(c)(3) organization or a state or local 0 % government Enter the percentage of financed property used in a private business use 5 as a result of unrelated trade or business activity carried on by your 0 % organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 % 6 Has the organization adopted management practices and procedures to Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage Α В C D Е Yes No Yes Nο Yes Nο Yes No Yes Nο Has a Form 8038-T. Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Χ Is the bond issue a variable rate issue? 2 Χ Has the organization or the governmental issuer identified a 3a hedge with respect to the bond issue on its books and records? Χ JP Morgan Chase Name of provider Bank Term of hedge 10 000000000000 Were gross proceeds invested in a GIC? Х 4a Name of provider Term of GIC Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х Were any gross proceeds invested beyond an available 5 temporary period? Χ

Х

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DLN: 93493225024800

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	f the organization L INDUSTRIES OF CENTRAL INDIAN	A INC					mployer identifica	ation nun	nber	
GOODWILL	E INDOSTRIES OF CENTIONE INDUM	/				3	5-0893506			
Part I	Excess Benefit Trans Complete if the organizatio							line 40b		
1	(a) Name of disqua	lıfıed person		(b) Desc	ription	of trans	action	(c) Ye		ected? No
								.`		
	er the amount of tax imposed	on the organı	zatıon managers o	r disqualified pers	ons durı	ng the	year under ┣► ¢			
	er the amount of tax, If any, o	n line 2, abov	e, reimbursed by tl	ne organization .			> \$			
Part II	Loans to and/or Fr			2 Part IV June 26	or Form	~ 000	E7 Dort V line 20			
		(b) Loan to	TES ON FORM 99	J, Part IV, lille 26			(f)			
(a) Name	e of interested person and	or from the rganization?	(c)O riginal principal amount	(d)Balance due	(e) I defau		Approved by board or committee?	(g) Wi agreer		
		To From			Yes	No	Yes No	Yes	r	No
Total .	<u> </u>		> \$							
Part III	Grants or Assistanc Complete if the organi				/, line 2	7.				
(a	a) Name of interested persor	(b)	Relationship betw, and the oi	een interested per ganization	rson	(c) A r	nount of grant or t	ype of as	sıstaı	nce
Down TV	. Dunimana Tunmanatio	an Tarratui	Tutouseted	Dawasaa						
Part IV	Business Transaction Complete if the organic				/, line 2	8a, 28	8b, or 28c.			
(a)	Name of interested person	betwe	Relationship een interested	(c) A mount of		d) Desc	ription of transact	org	janıza	ring of ition's
(-)	,		son and the ganization	transaction	(-	,	,	r _∈ Υ €	evenu es	No No
mark deni	ien	board m	iember	1,004,6	573 See	Sch C)		ľ	Νo

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization GOODWILL INDUSTRIES OF CENTRAL INDIANA INC

Employer identification number

25 0002506

Pa	rt I Types of Property				35-0893506			
	туроз от горолоу	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art—Works of art	аррисавіс		9				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications	Х		1,453,098	ACTUAL SALES VC	LUME		
	Clothing and household	.,						
	goods	X			ACTUAL SALES VC			
	Cars and other vehicles	X	1,758	991,295	ACTUAL SALES VO	LUME		
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ►()							
	O ther ► ()							
28 29	Other ► () Number of Forms 8283 received	L by the ora	nization during the tay yes	r for contributions				
29	for which the organization compl				29		1	
20-	During the year, did the organiza	tion rocally	a by contribution any propo	rty reported in Bart I. lines	1 20 +6 -+ ++		Yes	No
Jua	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not required	a to be used			No
						30a		No_
ь 31	If "Yes," describe the arrangement of the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell r	non-cash	32a	Yes	
b	If "Yes," describe in Part II							_
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanat ion
Third Party Use		GICI ACCEPTS AND SELLS DONATED AUTOMOBILES A THIRD PARTY IS USED ONLY FOR VEHICLE TOWING AND AUCTION SERVICES

Schedule M (Form 990) 2009

As Filed Data -

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Supplemental Information to Form 990

DLN: 93493225024800 OMB No 1545-0047

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SCHEDULE 0

(Form 990)

PART I,

LINE 1

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Name of the organization GOODWILL INDUSTRIES OF CENTRAL INDIANA INC

Employer identification number

35-0893506

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THOMAS KING, DIRECTOR, IS THE FATHER OF BRIAN KING, WHO IS ALSO A DIRECTOR BOTH ARE INDEPENDENT VOLUNTEERS AND RECEIVE NO COMPENSATION FROM THE ORGANIZATION
Form 990, Part VI, Section B, Iine 11		The Board of Directors reviews a final draft of the Form 990 prior to filing and has the opportunity to provide commentary and questions to management
Form 990, Part VI, Section B, Iine 12c		BOARD MEMBERS RECEIVE, REVIEW, AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY
Form 990, Part VI, Section B, line 15		The Board of Directors of Goodw ill Industries of Central Indiana, inc. (Goodw ill) has established a Compensation Committee with responsibility to establish and monitor changes to the compensation and benefits of the President & Chief Executive Officer (President) of Goodw ill, and to provide oversight on the compensation and benefit actions taken by the President with respect to his/her direct reports and/or key employees. The role of the Compensation Committee and President, as delegated to it by the Board of Directors, is to ensure that the compensation arrangements of Goodw ill are structured so that compensation payments to executives are at all times reasonable for an organization subject to the requirements and constraints of Sections 501(c)(3) and 4958 of the Internal Revenue Code of 1986, as amended (the Code). In order to maintain its independence and objectiveness, membership on the Compensation Committee is limited to Directors who are not employees or related to employees of Goodw ill or any affiliated organizations. No member may be an employee of Goodw ill, subject to the direction or control of any employee of Goodw ill, nor receive compensation or other payments subject to the approval of any employee of Goodw ill. Finally, no member may have any material financial interest that would be affected by the compensation arrangement for any executive of Goodw ill. The Compensation Committee and President utilize expert outside consultants, independent legal advice, national compensation data is considered in setting compensation, in evaluating prospectively any incentive or contingent compensation data is considered in setting compensation, in evaluating prospectively any incentive or contingent compensation data is considered in setting compensation, in evaluating prospectively any incentive or contingent compensation data is considered in setting compensation, in evaluating prospectively any incentive or contingent compensation data is considered in setting compensation, in evaluating prospective
Form 990, Part VI, Section C, line 19		GOODWILL INDUSTRIES MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 2C		GW COMMERCIAL SERVICES (GWCS) IS RELATED TO GOODWILL INDUSTRIES OF CENTRAL INDIANA, INC (GICI), GOODWILL EDUCATION INITIATIVES, INC (GEI), AND GOODWILL INDUSTRIES FOUNDATION OF CENTRAL INDIANA, INC (FOUNDATION) THE FINANCIAL STATEMENTS OF GICI, GWCS, GEI AND THE FOUNDATION ARE AUDITED ANNUALLY BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM THE FINANCE AND AUDIT COMMITTEE (COMMITTEE) OF GICI MEETS WITH THE AUDITORS ANNUALLY DURING THE AUDIT PLANNING STAGE TO REVIEW THE AUDIT PLAN AND ANY AUDIT CONCERNS COMMITTEE MEMBERS CONSIST OF BOARD MEMBERS FROM EACH OF THE ABOVE ORGANIZATIONS THE COMMITTEE THEN MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE ANNUAL AUDIT TO REVIEW AND RECOMMEND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS UPON THE COMMITTEE'S RECOMMENDATION, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE FULL GICI BOARD FOR FINAL APPROVAL THIS PROCESS HAS NOT CHANGED IN THE PAST YEAR

LEVERAGES ITS RESOURCES WITH THOSE OF OTHERS TO IMPROVE THE EDUCATION, SKILLS, EMPLOYABILITY,

AND ECONOMIC SELF-SUFFICIENCY OF ADULTS AND THE FUTURE EMPLOYABILITY OF YOUNG PEOPLE

ldentifier	Return Reference	Explanation
FORM 990, PART III, LINES 1 AND 4A		Goodwill industries of Central Indiana, Inc (GICI) and its affiliated organizations, GW Commercial Services, Inc (GWGS), Spoodwill Education Instatives, the (GIC), and Goodwill Industries Foundation (Central Indiana, in (Foundation), Cellicitarity of the Cellicitary for Frence to as Goodwill and are voluntary health and waitar organizations that help adults prepare for, find and keep pibs, and help young people properse for life and work. Goodwill information and commercial control of the Cellicitary of Cellicitary of the Cellicitary of Cellicitary of Cellicitary (Cellicitary) and the Cellicitary of Cellicitary (Cellicitary) and the Cellicitary of Cellicitary of Cellicitary (Cellicitary) and the Cellicitary of Cellici

schedule I, part IV(d) mark denien, director, is senior vice president of duke realty corporation, whose construction subsidiary has performed several construction projects for the organization, all of which have been at arms length mr denien is a volunteer director and receives no compensation from the Organization SCHEDULE K SUPPLEMENTAL INFORMATION IN 2006, GICI ISSUED TAX-EXEMPT BONDS THROUGH THE INDIANA FINANCE AUTHORITY (IFA) OWEN B MELTON, JR, THE CURRENT GICI BOARD CHAIR, AND A GICI BOARD MEMBER IN 2006, IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF THE IFA MR MELTON ABSTAINED FROM VOTING AT THE IFA MEETING IN 2006 WHEN THE GICI BOND ISSUE WAS APPROVED THE PURPOSE OF THE BOND ISSUE WAS TO BUILD NEW STORES, REMODEL EXISTING FACILITIES, AND REFINANCE EXISTING DEBT For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009

DLN: 93493225024800

OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

23-7148440

Name of the organization **Employer identification number** GOODWILL INDUSTRIES OF CENTRAL INDIANA INC 35-0893506

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

(f) Direct controlling entity

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
GOODWILL EDUCATION INITIATIVES INC						
1635 W MICHIGAN STREET	PROVIDE EDUCATION OPPORTUNITIES for at-risk	IN	501(C)3	LINE 2	GOODWILL INDUSTRIES OF CENTrAL INDIANA	
INDIANAPOLIS, IN 46222 20-0749885	youth					
GW COMMERCIAL SERVICES INC						
1635 W MICHIGAN STREET	PROVIDE REHABILITATION TRAINING AND JOB	IN	501(C)3	LINE 11A, I	GOODWILL INDUSTRIES OF CENTrAL INDIANA	
INDIANAPOLIS, IN 46222 35-2082941	OPPORTUNITIES					
GOODWILL INDUSTRIES FOUNDATION of Central Indiana INC						
1635 W MICHIGAN STREET	SUPPORT OF GOODWILL INDUSTRIES	IN	501(C)3	LINE 7	N/A	
INDIANAPOLIS, IN 46222	1100011120					

(j)

General or

managing

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(3)

(4)

(5)

(6)

Sche	dule R (Form 990) 2009		Рa	ge 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	i		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1 p	Yes	
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1 r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three (b)			
	(a) Transaction Name of other organization type(a-r)	Amount	(c) t involv	ed
(1) (2)	type(a 1)			

Schedule R (Form 990) 2009

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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DLN: 93493225024800

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

See separate instructions.

► Attach to your tax return.

 $A\,tta\,c\,h\,m\,e\,n\,t$

illerial Neverlue Service									
Name(s) shown on return GOODWILL INDUSTRIES	OFCENTRALI	NDIANA	Business or a	activity to which	thıs form rel	ates	Iden	t if y in	g number
INC	OT CENTRAL!	NDIANA	Form 990 Pa	ge 10			35-0	8935	06
Part I Election	To Expense (Certain [179				
	ou have any li		• •			nplete Pal	rt I.		
1 Maxımum amount See	the instructions	for a high	er limit for cer	taın busınesses				1	250,000
2 Total cost of section 1	79 property plac	ed in serv	ıce (see ınstru	ıctıons) .				2	
3 Threshold cost of sect	on 179 property	/ before re	duction in limit	tatıon (see ınstr	uctions) .			3	800,000
4 Reduction in limitation	Subtract line 3	from line 2	2 Ifzero or les	s, enter -0-				4	
5 Dollar limitation for tax	year Subtract	lıne 4 from	ılıne 1 Ifzero	or less, enter -0	D- If married	filing			
separately, see instruc	tions							5	
6 (a) [Description of pr	operty			(business us	e (c) El	lected	cost	
6				•	only)	+			\dashv
<u> </u>									\dashv
7 Listed property Enter	the amount from	line 29			. 7	Ι			ď
8 Total elected cost of s			amounts in col	umn (c) lines 6				8	
9 Tentative deduction E		•		diliii (c), iiiics o	unu / •		•	9	
10 Carryover of disallowed				rm 4562		•	•	10	
11 Business income limitation			•		e instructions)	• •	• •	11	
12 Section 179 expense of							-	12	
13 Carryover of disallowed			•		. —			12	
Note: Do not use Part.					.► 13				
						t include li	sted n	ronerty	y) (See instructions)
14 Special depreciation al				•					y y (See mstructions)
tax year (see instruction			, (, , , , , , , , , , , , , , , , , , , ,	, ,			14	
15 Property subject to see	tion 168(f)(1) e	election						15	
16 Other depreciation (inc	luding ACRS)							16	
Part IIII MACRS De	preciation ([Do not in	ıclude lısted j	property.) (Se	e instructio	ns.)		•	•
			Se	ection A					Γ
17 MACRS deductions for	assets placed i	n service i	n tax years be	gınnıng before 2	009 .		•	17	2,990,097
18 If you are electing t		-	ced ın servıc	e during the to	ax year into		_		
general asset accou	•						►l		
Section B—Asse	ets Placed in			<u>08 Tax Year</u>	Using the	General	Dep	<u>recia</u>	tion System
	(b) Month and		Basıs for recıatıon						
(a) Classification of	year placed in		s/investment	(d) Recovery	(e) Convent	tion (f)	Metho	od	(g)Depreciation
property	service		use	period					deduction
10-2		only—see	708,948	3.0	NA NA		C /I		226 216
19a 3-year property b 5-year property	1		1,668,436	3 0 5 0	M M M M		S/L S/L		236,316 333,687
c 7 - year property	1		20,148	7 0	MM		S/L		2,878
d 10-year property			,				-,-		
e 15-year property									
f 20-year property	1		165,374	20 0	ММ		S/L		1,378
g 25-year property				25 yrs			S/L		
h Residential rental				27 5 yrs	MM		S/L		
property				27 5 yrs	MM		S/L		
i Nonresidential real				39 yrs	MM		S/L		
property	2009-12		114,103	31 5	MM		S/L		3,095
	n C—Assets Plac	ced in Serv	ice During 200	9 Tax Year Using	gthe Alterna 	tive Depre		າ Syst∢ ⊢	em
20a Class life				12 450			S/L	-+	
b 12-year c 40-year				12 yrs 40 yrs	MM		S/L S/L	+	
· .	ı y (see ınstruc	tions)		T 70 713	1 11111		J/ L	1	
21 Listed property Enter		•						21	
22 Total. Add amounts fro			h 17, lines 19	and 20 in colum	nn (g), and lin	e 21 Ente	r here		
and on the appropriate								22	3,567,451
23 For assets shown abov	•		-	nt year, enter the					
portion of the basis att	ributable to sect	tion 263A	costs .		23				

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Depre																
24a Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ _{No}			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo)
										,						-
(a) Type of property (list vehicles first)	(b) Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ onvention		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				\top			\Box		
		%														
	orlessin	% %	ee 1160											—		
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			\Box		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/inv	estment m	ıles driven diirina	the	-	a)		o)		(c)			d)	(6	-		f)
year (do not includ		-		Vehi	cle 1	Vehi	cle 2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	'ehic	le 3	Vehi	cle 4	Vehi	<u>cle 5</u>	Vehi	cle 6
31 Total commuting n	niles driver	during the year	F													
32 Total other person			,,, <u> </u>													
·	•		⊢			<u> </u>		+								
33 Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				not moi	re tha
37 Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
38 Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
40 Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما						•			•	•	\vdash		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)	<u> </u>			I				(6	.,					
(a)		Date		(c	-			(d)		A morti	-		۸ ۵	(f)	an far	
Description of c	osts	amortization		A mort amo				ode ction		perio				rtızatı hıs yea		
		begins 								perce	ntage					
42 A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
43 A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

Additional Data

Software ID:

Software Version:

EIN: 35-0893506

Name: GOODWILL INDUSTRIES OF CENTRAL INDIANA INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CLIENT ASSISTANCE	311,983	281,563	24,993	5,427
Miscellaneous	265,377	265,513	-3,108	2,972
MEMBERSHIP DUES	175,653	3,909	170,828	916
STAFF DEVELOPMENT	129,408	70,986	58,343	79
BAD DEBT EXPENSE	120,655	120,655		

ldentifier	Return Reference	Explanation
		In 2009, the Foundation made grants to GICI and GEI for the following purposes. GICI - Internships for two college students pursuing careers in human services and business marketing, respectively. Support for GICI's workforce development services operations, specifically to assist youth and adults seeking employment and educational advancement. Physical facilities improvements used to expand Goodwill's youth education and training capacity at its Indianapolis headquarters building. Preservation, documentation and publishing of Goodwill's critical historical archives and organizational milestones since its inception in 1930. Assistance in hosting the Goodwill industries international 2009 Delegate Assembly, the annual national conference for Goodwill agencies throughout North America. GEI. GEI student travel, classroom equipment and supplies. GEI student college scholarships. Construction of a new science and wellness center for the Indianapolis Metropolitan High School. Organizational interrelationships. IN 2009 The Foundation provideD financial grants of \$819,078 to GICI and \$1,294,476 to GEI. GICI provideD financial grants of \$251,503 to GEI. GICI also provides administrative services (including human resources and wellness, marketing, information technology, accounting, payroll, management, and facilities) of \$50,000 to the Foundation and in-kind administrative services to GWCS and GEI. The Foundation provideD fundraising services of \$388,040 to GICI and in-kind fundraising services to GEI.