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DLN: 93493092006103

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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection and ending 09-30-2012 A For the 2011 calendar year, or tax year beginning 10-01-2011 D Employer identification number **B** Check if applicable GOODWILL INDUSTRIES OF KENTUCKY INC Address change 61-0475284 Doing Business As E Telephone number Name change (502) 272-1700 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 26,195,361 Terminated Amended return City or town, state or country, and ZIP + 4 LOUISVILLE, KY 40208 Application pending Name and address of principal officer H(a) Is this a group return for ROLAND BLAHNIK affiliates? 1325 SOUTH 4TH STREET LOUISVILLE, KY 40208 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► WWW GOODWILLKY ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1923 M State of legal domicile KY Part I Summary 1 Briefly describe the organization's mission or most significant activities GOODWILL'S MISSION IS TO HELP PEOPLE WITH DISABILITES OR OTHER DISADVANTAGES ACHIEVE AND MAINTAIN EMPLOYMENT TO GAIN A BETTER QUALITY OF LIFE THROUGH JOB CREATION, PLACEMENT, AND OTHER TRAINING GOODWILL ACCOMPLISHES THIS IN LARGE PART THROUGH SUPPORT SERVICES TO SUBSIDIARY 501(C) (3) Activities & Governance ORGANIZATIONS 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 159 6 Total number of volunteers (estimate if necessary) 6 1,355 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 6,744,919 7,898,204 14,841,217 9 Program service revenue (Part VIII, line 2g) . . . 13,564,704 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 119,588 129,569 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 37,549 77,586 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 20,466,760 22,946,576 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 7,299,700 7,456,731 5 - 10)Professional fundraising fees (Part IX, column (A), line 11e) . . 36,057 6,363 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 168,860 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 5,056,052 5,440,387 17 12,391,809 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,903,481 19 Revenue less expenses Subtract line 18 from line 12 8,074,951 10,043,095 Not Assets or Fund Balances **Beginning of Current End of Year** Year 105,629,609 20 Total assets (Part X, line 16) 96,237,115 Total liabilities (Part X, line 26) 21 41,018,350 40,044,311 55,218,765 22 Net assets or fund balances Subtract line 21 from line 20 . 65,585,298 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2013-04-01 Signature of officer Date Sian Here ROLAND BLAHNIK PRESIDENT/CEO Type or print name and title Date Check if Preparer's taxpayer identification number

JEFFREY K MCCAFFREY

DEMING MALONE LIVESAY & OSTROFF PSC

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

9300 SHELBYVILLE RD STE 1100

LOUISVILLE, KY 402225187

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

ıf self-employed),

Paid

Preparer's

Use Only

self-

employed F

(see instructions)

EIN • 61-1064249

Phone no (502) 426-9660

P00938853

Par		of Program Serv dule O contains a resp		lishments Jestion in this Part III		
1	Briefly describe the	organization's mission	ı			
				ITIES OR OTHER DIS	SADVANTAGES ACHIEVE A	AND MAINTAIN
EMP	LOYMENT TO GAIN A	A BELLER QUALITY (OF LIFE			
2				rvices during the year	which were not listed on	⊤Yes ▼ No
	If "Yes," describe the	ese new services on S	chedule O			
3	=	cease conducting, or i	_	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sched	ule O			
4	expenses Section 50	01(c)(3) and 501(c)(4) organizations	and section 4947(a)	ree largest program services (1) trusts are required to rep h program service reported	
4a	(Code) (Expenses \$	6,559,040	ıncludıng grants of \$) (Revenue \$	11,415,272)
	1,270 PEOPLE AT THE CI DISABILITY OR OTHER D FOCUSED AS THEY PLAC	LOSE OF THE FISCAL YEAR DISADVANTAGE THESE SUP EED MORE THAN 2,965 PLA	2012 AND EXEMPL PORT SERVICES A CEMENTS OF INDI	IFIED THE ORGANIZATION' LLOWED THE ORGANIZATIO	501(C) (3) ORGANIZATIONS AND S MISSION AS 79% OF THESE EMP NS TO REMAIN COST-EFFICIENT, I G OR DISADVANTAGES INTO JOBS, AND SERVICE REFERRALS	LOYEES REPORTED HAVING A EFFECTIVE AND MISSION
4b	(Code) (Expenses \$	2,764,413) (Revenue \$ TION SERVICES, COUNSELING, SKII	1,666,499)
	JOB COACHING TO PEOP AND MAINTAINING EMPL	PLE WITH DISABILITIES OR OYMENT IN FY 2012, THE	OTHER DISADVAN ⁻ SE SPECIALIZED PI	TAGES, ADVANCING THEIR	VOCATIONAL OPPORTUNITIES AND LACEMENTS, DELIVERED 5,093 SEF	ASSISTING THEM IN OBTAINING
	(Code) (Expenses \$	1,915,838	ıncludıng grants of \$) (Revenue \$	1,759,446)
		FACILITATED BY THE ABILI			FOR PEOPLE WITH DISABILITIES T ILITYONE CONTRACTS THAT EMPLO	
	Other program cory	ıces (Describe in Sch	edule O)			
-ru	(Expenses \$	·	uding grants of	f\$) (Revenue \$)
4e	Total program servi		11,239,29			·
		• '	, ,			

Part IV Checklist of Required Schedule
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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? If "Yes," complete Schedule F, Part II and IV.	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 and IV	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? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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		No
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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		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		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		Νo
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
L	Enter the number of Forms W. 2C uncluded in line 15. Enter Out not applicable			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
!a	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			1
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities	4a		
h	account)?	та		No
Ь	If "Yes," enter the name of the foreign country ►			
	See mad actions for mining requirements for Form 15 1 70 22 1, Report of Foreign Bank and Financial Medicalities			
a	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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7.		Na
d	file Form 8282?	7c		No
_	11 res, indicate the number of rorms of 52 med during the year.			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	, , ,		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds 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]
	Sponsoring organizations maintaining donor advised funds.	•		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			1
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			
1	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
·	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI 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	ection A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17				
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 990, and 990, T (501/c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE ORGANIZATION
 1325 SOUTH 4TH STREET

LOUISVILLE, KY 40208 (502) 272-1700

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	Position more unles an	on (d e thai	c) o no n one son er ar	t che e box is bo nd a stee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		,	organizations
(1) FAITH P MERCKE CHAIRPERSON	2 00	х		Х				0	0	0
(2) ROBERT N SHAW VICE CHAIRPERSON	2 00	х		Х				0	0	0
(3) EMILY LEDFORD LAWRENCE 2ND VICE CHAIRPERSON	2 00	х		Х				0	0	0
(4) ELLIE KERSTRETTER SECRETARY	2 00	х		Х				0	0	0
(5) DAVID H HINTON TREASURER	2 00	х		Х				0	0	0
(6) K NORMAN BERRY BOARD MEMBER	2 00	х						0	0	0
(7) MIKE CARPENTER BOARD MEMBER	2 00	х						0	0	0
(8) LINDA SCHOLLE COWAN BOARD MEMBER	2 00	Х						0	0	0
(9) J PRICE FOSTER BOARD MEMBER	2 00	Х						0	0	0
(10) DANIEL HALL BOARD MEMBER	2 00	Х						0	0	0
(11) DWIGHT L HAYWOOD JR BOARD MEMBER	2 00	Х						0	0	0
(12) JEANNA L JONES BOARD MEMBER	2 00	Х						0	0	0
(13) CHARLES F LAMBERT III BOARD MEMBER	2 00	х						0	0	0
(14) JEFFREY V MCGOWAN BOARD MEMBER	2 00	Х						0	0	0
(15) MARK D RORER BOARD MEMBER	2 00	х						0	0	0
(16) ALLEN D ROSE BOARD MEMBER	2 00	х						0	0	0
(17) RON SANTELLA BOARD MEMBER	2 00	Х						0	0	0

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

(A) Name and Title		(B) Average hours per week (describe	A verage hours more than one box, compensation compensation week an officer and a director/trustee)								(F) Estima amount o compens from t organizat relat	ated f other sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organiza	
	GUSAN G ZEPEDA D MEMBER	2 00	х						0	0		0
	ROLAND R BLAHNIK IDENT/ CEO	3 00			х				335,896	0		85,914
	ERIN GOLD PRESIDENT BLUEGRASS DIVISION	3 00			х				177,404	0		22,395
	MARSHA BERRY PRESIDENT BEARGRASS DIVISION	3 00			Х				161,468	0		16,935
	IOHN WADE PRESIDENT WESTERN DIVISION	3 00			х				114,603	0		14,313
	KRISTEL FRYMAN PRESIDENT CUMBERLAND DIVISION	3 00			х				78,656	0		15,897
VICÉ-	KIM BURSE PRESIDENT ADMINISTRATIVE SERVICES	3 00			х				114,676	0		14,414
	5) DAVID COBB CE-PRESIDENT DEVELOPMENT 3 00 X 116,059											18,282
1b	Sub-Total		<u> </u>	٠.	<u>. </u>	<u>. </u>		<u> </u>				
С	Total from continuation sheets t	o Part VII, Sect	ion A					►				
d	•						- - h \	>	1,098,762	0		188,150
2	Total number of individuals (inclu \$100,000 of reportable compens					tea a	above	wnc	received more tha	П		
											Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete School	•			e, ke	ey e	mploy	ee,o	r highest compens		3	No
4										from the		
5	The state of the s											No
Se	Section B. Independent Contractors											
1	Complete this table for your five I \$100,000 of compensation from or within the organization's tax ye	nighest compen the organizatior										
		(A) e and business add	ress						Descr	(B) Iption of services	(C Comper	
_	Total mumbay of a demander to the	nahaya (l.: 1	المناس	_ L I		<u>.</u>	.h.a '		d abaya \le a	, a d , m a w = 4 h		
	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0											

Form 99		•						Page 9
Part \	<u>/1111</u>	Statement o	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
\$ \$	1a	Federated cam	paigns 1a					
쥰둦	b	Membership du	es 1b					
ωž	c	Fundraising eve	ents 1c					
# <u>i</u> to	d	Related organiz	zations 1d	7,683,030				
% <u>`</u> ≣	e	Government grants	s (contributions) 1e					
: :	f	All other contribution	ons, gifts, grants, and 1f	215,174				
ਰ ਜ਼	g		butions included in					
Contributions, gifts, grants and other similar amounts								
ပ္ပန	h	Total. Add lines	s 1a-1f	· · · •	7,898,204			
<u> </u>				Business Code				
Program Service Revenue	2a	INTERCOMPANY RI	ENT	561499	5,436,960	5,436,960		
æ	Ь	MANAGEMENT FEE		561499	5,429,714	5,429,714		
921	С	NISH CONTRACT		561700	1,759,446	1,759,446		
Ser.	d	WORKFORCE DEVI	ELOPMENT	624310	1,666,499	1,666,499		
Ē	e	STATE REVENUE FO	OR CONS	561499	548,598	548,598		
Z 2	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		14,841,217			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			aramounts)		162,704			162,704
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties						
	62	Grass rants	(ı) Real 3,300	(II) Personal				
	6a b	Gross rents Less rental	0					
	-	expenses Rental income	3,300					
	C .	or (loss)			3,300			3,300
	d	Net rental incol	me or (loss) (i) Securities	(II) O ther	3,300			3,300
	7a	Gross amount from sales of assets other than inventory	2,950,650	265,000				
	ь	Less cost or other basis and sales expenses	2,965,053	283,732				
	С	Gain or (loss)	-14,403	-18,732				
	d	Net gain or (los		▶	-33,135			-33,135
eune	8a	Gross income f events (not inc						
Other Revenue			ne 18 a					
ŧ	b		penses b	. <u> </u>				
O	c 9a		(loss) from fundraising	events 🟲 				
	94	See Part IV, lin	rom gaming activities ie 19 a					
	Ь		penses b	<u> </u>				
	10a	Gross sales of returns and allo		vities				
	ь		a oods sold b					
	С		(loss) from sales of inv	· ·				
	11a	Miscellaneous		Business Code 900099	74,286			74,286
	ь	MISCELLANEC	DUS KEVENUE	300039	, 4,200			77,200
	C	All other rawa	ue					
	d e	Total. Add lines						
	12		See Instructions .	· · · · ▶	74,286			
	J				22,946,576	14,841,217	0	207,155

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX				(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,302,875	884,652	418,223	
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	4,548,142	4,004,487	420,858	122,797
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	167,065	142,856	17,366	6,843
9	Other employee benefits	1,016,374	917,495	86,722	12,157
10	Payroll taxes	422,275	360,666	50,113	11,496
11	Fees for services (non-employees)				
а	Management				
b	Legal	97,896		97,896	
c	Accounting	15,569		15,569	
d	Lobbying	55,627		55,627	
e	Professional fundraising See Part IV, line 17	6,363		·	6,363
f	Investment management fees				<u>·</u>
q	Other				
12	Advertising and promotion	400,397	385,266	9,822	5,309
13	Office expenses	•	,	,	
14	Information technology	134,387	107,561	26,826	
15	Royalties	20.,000	201,002		
16	Occupancy	513,677	427,748	85,929	
17	Travel	222,654	192,290	27,350	3,014
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	222,031	152,250	27,530	3,011
19	Conferences, conventions, and meetings	53,947	36,879	17,068	
20	Interest	892,622	888,635	3,987	
21	Payments to affiliates		,	,	
22	Depreciation, depletion, and amortization	2,147,324	2,073,158	74,166	
23	Insurance		, ,	·	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PROFESSIONAL FEES	378,069	378,069		
b	SUPPLIES	297,291	273,851	23,273	167
c	DUES	150,388	104,188	46,200	
d	MISCELLANEOUS	41,558	28,205	13,090	263
e					
f	All other expenses	38,981	33,285	5,245	451
25	Total functional expenses. Add lines 1 through 24f	12,903,481	11,239,291	1,495,330	168,860
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 17,429,422 13,394,054 1 10.597.182 19.818.651 2 2 Savings and temporary cash investments 3 673,573 408,716 206.717 243.772 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 975,939 7 330,833 2.500 8 9 441.836 9 406,503 Prepaid expenses and deferred charges 10a 78.458.985 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 15,874,421 59,037,603 b Less accumulated depreciation 10c 62,584,564 11 11 72,175 12 12 87,426 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 6,800,168 15 8,355,090 15 96,237,115 105,629,609 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2,207,318 17 2,570,349 17 Accounts payable and accrued expenses . 18 18 19 19 20 37.811.448 20 36,680,135 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 999,584 25 793,827 D 26 41,018,350 26 40,044,311 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 54,357,753 27 65,012,666 Unrestricted net assets 788,272 28 484,641 28 Temporarily restricted net assets Fund 29 72,740 29 87,991 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 55.218.765 33 65.585.298 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 96.237.115 34 105.629.609

Par	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		22.9	946,576
2	Total expenses (must equal Part IX, column (A), line 25)	2			903,481
3	Revenue less expenses Subtract line 2 from line 1	3		10,0	043,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		55,2	218,76!
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3	323,438
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		65,5	585,298
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
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	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493092006103

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection **Employer identification number**

Name of the organization GOODWILL INDUSTRIES OF KENTUCKY INC

			61-0475284						
Pai	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See ınstruc	tions					
The c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)						
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).							
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	on 170(b)(1)(A)((iii). Enter	the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a gettion 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	describe	d ın				
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)((A)(v).						
7	<u>\</u>	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	cal unit or from the	e general	public				
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membershi	ıp fees, ar	d gros	s			
		receipts from activities related to its exempt functions—subject to certain exceptions, and	•	-	_				
		its support from gross investment income and unrelated business taxable income (less se	ection 511 tax) fro	om busine	sses				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I	III)						
10	Γ	An organization organized and operated exclusively to test for public safety. See section 5 0	09(a)(4).						
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated)9(a)(2) See sec t 111h)(3).	Check			
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizatio section 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	II or Type III sup	porting o	ganıza	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		r					
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)		Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)					
		(ii) a family member of a person described in (i) above?		11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)					
h		Provide the following information about the supported organization(s)							

(i) Name of supported organization	(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	<u>organization</u>	fails to qualify u	inder the tests	listed below, ple	ease cor	npiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	()2007	42200	() 2000	(1) 2010			(C) T
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,616,86	5,691,890	6,554,570	7,238,366	8	,446,802	33,548,488
2							- 	
_	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	5,616,86	5,691,890	6,554,570	7,238,366	8	,446,802	33,548,488
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)						\longrightarrow	
6	Public Support. Subtract line 5 from line 4							33,548,488
S	ection B. Total Support		L		L			
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
_	beginning in)							
7	A mounts from line 4 Gross income from interest,	5,616,860	5,691,890	6,554,570	7,238,366	8,	446,802	33,548,488
8	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	241,348	326,635	113,192	122,388		132,866	936,429
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	6,440,864	18,556	30,845	34,749		382,726	6,907,740
11	Total support (Add lines 7 through 10)							41,392,657
12	Gross receipts from related activiti					12		15,090,838
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ıon's fırst, second	, thırd, fourth, or f	ıfth tax year as a !	501(c)(3) organız	ation, ▶┌
	ection C. Computation of Pul							
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14		81 050 %
15	Public Support Percentage for 201	0 Schedule A , Pa	art II, line 14			15		76 250 %
16a	33 1/3% support test—2011. If the				ine 14 is 33 1/3%	or more	, check t	
b	and stop here. The organization qua 33 1/3% support test—2010. If the	organization did	not check the bo	x on line 13 or 16	a, and line 15 is 3	33 1/3%	or more,	- -
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organiza	—2011. If the org tion meets the "	janization did not o facts and circums	check a box on lir tances" test, che	ck this box and st	op here.	Explain	▶
	in Part IV how the organization mee	ets the "facts an	d circumstances"	test The organiz	ation qualifies as a	a publicly	/ support	:ed ▶□
b	organization 10%-facts-and-circumstances test	—2010. If the ord	ianization did not o	check a box on lir	e 13, 16a. 16b. o	r 17a an	d line	PF-1
_	15 is 10% or more, and if the organ	nization meets th	ne "facts and circu	mstances" test, o	check this box and	stop he	re.	
10	Explain in Part IV how the organiza supported organization							▶ □
18	Private Foundation If the organizatinstructions	ion ala not checi	va nox on ine 13,	. 10a, 10b, 1/a 0l	1/D, CHECK THIS I	oux and s	, e e	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493092006103

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

f the organization answered "Yes,"	" to Form 990, Part IV, Li	ine 3, or Form 990-EZ, Part	t V, line 46 (Political Campaig	n Activities),
then				

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of	the	organiz	atı	on	
GOODWILL	IND	USTRIES	OF	KENTUCKY	INC

Employer identification number

☐ Yes

Yes

61-0475284

Part I-A	Complete if the or	ganization is exem	pt under section 501	(c)) or is a	section 527	organization.
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- in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete i	t tne organ	ization is e	exempt una	er section 50	1(C)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- b If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

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

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1 aand 1b) Other exempt purpose expenditures (add lines 1 aand 1b) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line Le, column (a) or (b) is: If the amount on line Le, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000,000 Fig. Soon over \$1,000,000 Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•	
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(The term "expenditures" means amounts paid or incurred.) Ital Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1225,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S1200,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
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g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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Jection 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 Lobbying non-taxable amount							F - 1 - 1 - 1 - 1	┌ Yes ┌ No
Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

	,		. ~ 9
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 570	58
	(election under	section 501(h)).	

	(election under section 501(n)).			
		(8	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
С	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		11,166
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		44,461
j	Total lines 1c through 1i			55,627
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d				
Date	\mathbf{C}	- EA1/-	\/E\ ~	- costion

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	DEVELOPMENT AND GENERATION OF SUPPORT FOR 1) LEGISLATION DESIGNED TO FOSTER EMPLOYMENT OF PERSONS WITH DISABILITIES OR OTHER DISADVANTAGES AT THE STATE AND FEDERAL LEVELS OF GOVERNMENT, 2) LEGISLATION REGULATING DONATED CLOTHING BOXES AT THE LOCAL LEVEL OF GOVERNMENT

1 1

DLN: 93493092006103

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

tema	al Revenue Service	► Attach to Fe	orm 990 See separate instructions.		Inspect	ion			
				Employer identifica	tion numbe	r			
GU	ODMITT INDOSTRIES	OU KLINIUCKI INC		61-0475284					
Pā		Organizations Maintaining Donor Advised Funds or Other Similar organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds all number at end of year gregate contributions to (during year) gregate grants from (during year) gregate value at end of year If the organization inform all donors and donor advisors in writing that the assets held in distance the organization inform all grantees, donors, and donor advisors in writing that grant funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds and only for charitable purposes and not for the benefit of the donor or donor advisor, or for only for charitable private benefit Conservation Easements. Complete if the organization answered "Yestpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of							
	organiz	zation answered "Yes" to Form 99		(1) F	11.				
	Tatal number a	t and afvent	(a) Donor advised funds	(b) Funds and	otner accour	nts			
1 2									
2 3		· • · · ·							
4	33 3 3	, , ,							
5	Did the organiz	zation inform all donors and donor advi		or advised	┌ Yes	┌ No			
6	Did the organiz used only for c	zation inform all grantees, donors, and haritable purposes and not for the ben	donor advisors in writing that grant funds		┌ Yes	┌ No			
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	<u>o Form 990, Part I'</u>	/, line 7.				
1 2	Preservati Protection Preservati Complete lines	ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a quali	on or pleasure) Preservation of an Preservation of a c	historically importan certified historic struc of a conservation	- ·	1			
	easement on t	me last day of the tax year	1	Held at the	End of the	Year			
а	Total number o	of conservation easements		2a	. Lila or the				
b	Total acreage	restricted by conservation easements		2b					
c	Number of con:	servation easements on a certified his	toric structure included in (a)	2c					
d	Number of con:	servation easements included in (c) a	cquired after 8/17/06	2d					
3	the taxable yea	ar ▶		ed by the organization	during				
4									
5	_		- · · · · · · · · · · · · · · · · · · ·	dling of violations, and	☐ Yes	┌ No			
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year	<u> </u>				
7			ng, and enforcing conservation easements	s during the year					
В			(d) above satisfy the requirements of sec	tion	┌ Yes	┌ No			
9	balance sheet,	and include, if applicable, the text of t	the footnote to the organization's financial						
aı	rt IIII Organ	izations Maintaining Collectio	ns of Art, Historical Treasures,	or Other Similar	Assets.				
1a	If the organizations art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research	ch in furtherance of pu		,			
b	historical treas	sures, or other similar assets held for i	public exhibition, education, or research ii						
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$					
	(ii) Assets Inc	luded in Form 990, Part X		► \$					
2	If the organiza	•	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	or financial gain, provi	de the				
а	Revenues incli	uded in Form 990. Part VIII. line 1		▶ \$					

b Assets included in Form 990, Part X

Par	TIPE Organizations Maintaining Co	ilections of Art, F	<u> 1151</u>	cori	<u>cai ireas</u>	ures, or Oti	<u>ner</u>	Similar Ass	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	f th	e foll	lowing that a	ire a significan	t us	e of its collection	on	
а	Public exhibition	•	d	Γ	Loan or ex	change progra	ms			
b	Scholarly research	•	е	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain l	how	the [,]	y further the	organızatıon's	exe	mpt purpose in		
_	Part XIV				h l h			l		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	"Ye	s" to Form 99	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermedia	ary	for c	ontributions	or other asset	ts n	ot F	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the foll	low	ing t	able	_				
						<u> </u>	_	Amo	ount	
С.	Beginning balance						c			
d	Additions during the year					1	_			
e	Distributions during the year					-	e			
f	Ending balance					1	f		_	
2a	Did the organization include an amount on Fo		1?					ı	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI\				\/ +-	Fa 000 F	\t	TV lune 10		
Pa	rt V Endowment Funds. Complete	(a)Current Year		Were Prior '					(e)Four Y	ears Back
1a	Beginning of year balance	74,020			74,300	69,529		69,922		
b	Contributions							1,225		
C	Investment earnings or losses	15,251			-280	4,771		-1,618		
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	89,271			74,020	74,300		69,529		
2	Provide the estimated percentage of the year	r end balance held as								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨 97 930 %									
C	Term endowment ► 2 070 %									
3 a	Are there endowment funds not in the posse	ssion of the organization	on t	hat a	are held and	administered 1	for t	he		
	organization by (i) unrelated organizations							3a(i)	Yes Yes	No
	(ii) related organizations		. •				٠.	3a(ii	' 	No
b	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's endov	vme	nt fu	ınds				•	
Par	t VI Land, Buildings, and Equipme	ent. See Form 990,	Pa	rt X	, lıne 10.					
	Description of property				Cost or other s (investment)	(b) Cost or other basis (other)	er	(c) Accumulated depreciation	(d) Bo	ok value
1a	Land					17,399,2	60		1	7,399,260
b	Buildings					39,668,3	68	7,752,188	3	1,916,180
c	Leasehold improvements					2,170,2	40	1,578,280		591,960
d	Equipment					9,081,1	80	6,543,953		2,537,155
	Other					10,140,0			1	0,140,009
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column	(B),	, line	10(c).)			▶	6	2,584,564

Part VII Investments—Other Securities. Securities. Security or category		(c) Method of val	uation
(including name of security)	(b)Book value	Cost or end-of-year n	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
_			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	San Farma 000 Part V luna 15	<u> </u>	
Part VIII Investments—Program Related. S		(c) Method of val	uation
(a) Description of investment type	(b) Book value	Cost or end-of-year n	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,			
(a) Desc		(b) Book value
(1) BOND ISSUANCE COST, LESS ACCUMULATED AM			486,790
(2) RESTRICTED CASH			1,845
(3) DEPOSITS			46,622
(4) DUE FROM RELATED TAX EXEMPT ORGANIZATIO	NS		7,819,833
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	e 15.)		8,355,090
Part X Other Liabilities. See Form 990, Par	t X, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
OTHER NON-CURRENT LIABILITIES	466,018		
DERIVATIVE FINANCIAL INSTRUMENT	327,809		
	+		
	+		
	+		
	i l		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	▶ 793,827		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	22,946,576
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,903,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	10,043,095
4	Net unrealized gains (losses) on investments	4	15,001
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	308,437
9	Total adjustments (net) Add lines 4 - 8	9	323,438
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	10,366,533
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	23,289,888
2	Amounts 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	343,312
3	Subtract line 2e from line 1	3	22,946,576
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	22,946,576
	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial	per	
1	statements	1	12,923,355
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)		
e	Add lines 2a through 2d	2e	19,874
3	Subtract line 2e from line 1	3	12,903,481
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	4 c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,903,481

Part XIV Supplemental Information

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PERMANENT ENDOWMENT PROVIDES INVESTMENT GROWTH AND INCOME FUNDS THAT ARE TO BE USED TOWARDS TUITION FOR SCHOLARSHIP ASSISTANCE FOR PERSONS WITH DISABILITIES THE TEMPORARY ENDOWMENT IS USED FOR GENERAL OPERATIONAL NEEDS THAT ASSIST IN THE FULFILLMENT OF THE COMPANY'S MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GOODWILL INDUSTRIES OF KENTUCKY, INC ("GOODWILL") IS EXEMPT FROM FEDERAL, KENTUCKY AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE GOODWILL FILES AN INFORMATIONAL TAX RETURN IN THE U S FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO GOODWILL'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME MANAGEMENT DOES NOT BELIEVE THAT GOODWILL HAS UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2012 ON OCTOBER 1, 2009, GOODWILL ADOPTED NEW GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION, MEASUREMENT AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN A CORPORATION'S FINANCIAL STATEMENTS INCOME TAX POSITIONS MUST MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD TO BE RECOGNIZED THE ADOPTION OF THIS GUIDANCE DID NOT HAVE AN EFFECT ON GOODWILL'S FINANCIAL POSITION AND RESULTS OF OPERATIONS AS OF SEPTEMBER 30, 2012, GOODWILL DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEAR THEN ENDED TAX YEARS STILL OPEN UNDER FEDERAL AND STATE STATUE OF LIMITATIONS REMAIN SUBJECT TO REVEIW AND CHANGE
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT 308,437

Compensation Information

DLN: 93493092006103

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

GOO	DOWILL INDUSTRIES OF KENTUCKY INC			• •			
			6:	1-0475284			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Ė	Housing allowance or residence for pe				
	▼ Travel for companions	Ė	Payments for business use of persona				
	Tax idemnification and gross-up payments		Health or social club dues or initiation				
	Discretionary spending account	Ē	Personal services (e g , maid, chauffe				
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr				1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive				2	Yes	
3	Indicate which, if any, of the following the organizatio organization's CEO/Executive Director Check all the						
	Compensation committee	<u>\rac{1}{2}</u>	Written employment contract				
	✓ Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation	on committee			
4	During the year, did any person listed in Form 990, P or a related organization	art V I	I, Section A, line 1a with respect to the	filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?		4a		No
b	Participate in, or receive payment from, a supplemen	tal nor	equalified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in F	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue any				
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any				
а	The organization?				6a	Yes	
b	Any related organization?				6b	Yes	
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			fixed	7		No
8	Were any amounts reported in Form 990, Part VII, passible to the initial contract exception described in in Part III						
_					8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebutt	able presumption procedure described	ın Regulations	9		

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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name			W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		compensation	belleties	(5)(1) (5)	Form 990 or Form 990-EZ
(1) ROLAND R BLAHNIK	(I) (II)	257,136 0	73,201 0		57,595 0		421,810 0	0 0
(2) ERIN GOLD	(I) (II)	153,579 0	23,825 0	0 0	0 0	22,395 0	199,799 0	0 0
(3) MARSHA BERRY	(I) (II)	140,509 0	20,959 0		0 0	· '	178,403 0	0 0

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
		THE ORGANIZATION PAYS FOR THE SPOUSE TO ATTEND TWO NATIONAL GOODWILL INTERNATIONAL CONFERENCES WITH THE PRESIDENT/CEO - 1) THE CONFERNECE OF GOODWILL EXECUTIVES, AND 2) THE GOODWILL DELEGATE ASSEMBLY
	6	GOODWILL INDUSTRIES OF KENTUCKY, INC HAS AN INCENTIVE COMPENSATION PLAN WHICH IS A PART OF THE OVERALL COMPENSATION PROGRAM THE GOAL OF THE PLAN IS TO FOCUS ECONOMIC INCENTIVE ON PROGRAM RESULTS AND THE AREA IN WHICH GOODWILL OPERATES "BUSINESSES" THE PLAN FOCUSES ON THE CORE TO OBTAINING THE ORGANIZATION'S MISSION AND THE ECONOMIC STABILITY OF THE COMPANY OFFICER PARTICIPANTS MAY EARN UP TO 20% ABOVE THEIR BASE PAY BY MEETING SIX ESTABLISHED CRITERIA RELATED TO MISSION WAGES, PLACEMENTS OF PERSONS WITH DISABILITIES OR OTHER DISADVANTAGES, AGENCY ECONOMIC STABILITY, THE DONATED GOODS PROGRAM SUCCESS, DIVISION(AREAS OF PARTICIPANT'S RESPONSIBILITY) ECONOMIC SUCCESS AND MAINTENANCE OF PROPERTIES AND EQUIPMENT THE AGENCY ECONOMIC STABILITY AND DIVISION SUCCESS ENTAILS MEETING FISCAL YEAR NET EARNING GOALS/BUDGET AMOUNTS

Schedule J (Form 990) 2011

Schedule K

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.

OMB No 1545-0047

DLN: 93493092006103

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

GOODWILL INDUSTRIES OF KENTUCKY INC

Employer identification number

GO	ODWILL INDUSTRIES OF KENT	UCKY INC			61-0475284										
Р	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Prio	ce ((f) Description of Purpose		(g) Defeased		Beh	On alf of suer	lf of finan		
									Yes	No	Yes	No	Yes	No	
A	KY ECONOMIC DEVELOPMENT FINANCE AUTHOR	61-0600439	NONEAVAIL	03-25-2010	28,000,0		BUILD & EQUIPMENT DONATION CENTERS			x		X		x	
В	KY ECONOMIC DEVELOPMENT FINANCE AUTHOR	61-0600439	NONEAVAIL	12-20-2007	10,000,0		BUILD & EQUIPMENT DONATION CENTERS			X		Х		×	
P	art II Proceeds														
					Α_			В		С			D		
1	A mount of bonds retired					,319,86									
_2		A mount of bonds defeased					4								
_3	Total proceeds of issue				28	28,000,000 10,000,000									
4	Gross proceeds in reserve fur				1										
_5	Capitalized interest from proc				1										
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds				221,838										
8	Credit enhancement from prod														
9	Working capital expenditures														
10	Capital expenditures from pro	ceeds			28	,000,00	0	10,000,000							
11	O ther spent proceeds														
12															
13	Year of substantial completion	n 			╛.		20	10							
					Yes	No	Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as par				X			Х							
15	Were the bonds issued as par	t of an advance refui	nding issue?			X		Х							
16	6 Has the final allocation of proceeds been made?					X	Х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				х		х								
Pa	Private Business L	Jse								'			'		
					A			В		Ç			D		
					Yes	No	Yes	No	Yes		No	Yes		No	
1	1 Was the organization a partner in a partnership, or a member of an LLC, which owned					Χ		X							

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

property financed by tax-exempt bonds?

financed property?

2

Χ

Sch	edule K (Form 990) 2011									Page 2
Pai	rt III Private Business Use (Continued)									-
			-	4		В		С		D
			Yes	No	Yes	No	Ye	s No	Yes	No
3a	Are there any management or service contracts that may result in private use?	business		×		х				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fine property?									
с	Are there any research agreements that may result in private business use of bond-financed property?			Х		Х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government.					•		,		
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	sure the	Х		Х					
Pa	rt IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No		Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×		×					

Par	t IV Arbitrage			'		•			-
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х				
2	Is the bond issue a variable rate issue?	×		Х					1
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		x				
			^		^				
ь	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		<u> </u>		1
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х		х				
6	Did the bond issue qualify for an exception to rebate?		х		Х				1

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493092006103

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	the organization INDUSTRIES OF KENTUCKY INC	2						E	mployer i	dent if ica	tion numb	er
								6	1-04752	84		
Part I	Excess Benefit Tran											
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F T	Part IV, line 25a d	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	(c)
1	(a) Name of disq	ualıfıed	person			(b) Desc		Corrected?				
						, ,					Yes	No
Part III		rom Interested Person Formation answered "Yes" on Formation (c)Origonganization?			orm 990 ginal	0, Part IV, line 26 (d)Balance due	, or For (e) defau	(f) In Approved		a (g)Writ		
		То	From				Yes	No	Yes No		Yes	No
								+	1			
Total .			'		▶ \$	1		<u> </u>				
Part III		ice Be	nefitt	ing Inter	ested I	Persons.					I	
	Complete If the orga	nızatıd						27.				
(6	a) Name of interested pers	on	(een interested per ganization	rson	(c) A n	nount of g	rant or ty	pe of assi	stance
							+					
			_				+					

Part IV	Business	Transactions	Involvina	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) JEFFREY V MCGOWAN	BOARD MEMBER	183,896	INSURANCE PREMIUMS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		INSURANCE PREMIUMS RELATED TO COMMERCIAL LIABILITY AND AUTO INSURANCE PAID TO INTERESTED PERSON'S EMPLOYER COMPANY

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization GOODWILL INDUSTRIES OF KENTUCKY INC **Employer identification number**

61-0475284

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION OF THE DRAFT FORM 990 RETURN, THE DOCUMENT, ALL ATTACHED SCHEDULES AND ACCOMPANY ING EXPLANATION SHEETS ARE PRESENTED TO THE GOODWILL INDUSTRIES OF KENTUCKY AUDIT COMMITTEE FOR REVIEW AND APPROVAL ELECTRONIC COPIES ARE SENT AHEAD OF THE MEETING AFTER OBTAINING THE AUDIT COMMITTEE'S APPROVAL, AN ELECTRONIC COPY IS THEN E-MAILED TO THE GOODWILL INDUSTRIES OF KENTUCKY BOARD OF DIRECTORS PRIOR TO A REGULAR OR SPECIAL BOARD MEETING BOARD MEMBERS ARE ABLE TO REVIEW THE DOCUMENTS AHEAD OF TIME AND POSE QUESTIONS TO OR AT THE MEETING A HIGH REVIEW OF THE RETURN IS GIVEN AT THE BOARD MEETING AND AMPLE OPPORTUNITY IS PROVIDED FOR MEMBERS TO HAVE ANY QUESTIONS ANSWERED THE FORM 990 IS PRESENTED FOR APPROVAL AT A BOARD OF DIRECTORS MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, GOODWILL INDUSTRIES OF KENTUCKY, INC ASKS ITS OFFICERS AND DIRECTORS TO COMPLETE A QUESTIONNAIRE WHICH DEFINES AND DESCRIBES THE COMPANY'S CONFLICTS OF INTEREST POLICY AND ASKS IF THERE WERE BUSINESS TRANSACTIONS THAT HAVE OCCURRED OR PERSONAL RELATIONSHIPS WHICH CAUSE A CONFLICT THE COMPANY ALSO HAS AN ANONY MOUS TIP LINE THAT CAN BE USED FOR PERSONS TO REPORT SUSPECTED CONFLICTS THAT WOULD VIOLATE COMPANY POLICY
	FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF GOODWILL INDUSTRIES OF KENTUCKY, INC REVIEWED THE CONTRACT FOR THE PRESIDENT/CEO AS WELL AS THE SALARIES FOR VICE PRESIDENTS. THE COMMITTEE ENGAGED OUTSIDE COUNSEL FOR THE CONTRACT, SUPPLEMENTAL RETIREMENT BENEFIT AND SALARY REVIEW. THE COMMITTEE REVIEWED COMPARATIVE DATA PROVIDED BY OUTSIDE COUNSEL. THE COMMITTEE BROUGHT ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW AND APPROVAL. THE VICE PRESIDENT'S (OTHER OFFICERS) COMPENSATION WAS REVIEWED BY THE PRESIDENT/CEO. HE REVIEWED OUTSIDE COUNSEL DATA AND UTILIZED A REGRESSION THAT PROJECTED MEDIAN COMPENSATION FOR GOODWILL EXECUTIVES. THE RECOMMENDED SALARIES WERE PRESENTED TO THE EXECUTIVE COMMITTEE.
	FORM 990, PART VI, SECTION C, LINE 19	IN AN EFFORT TO MAKE ITS FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC, GOODWILL INDUSTRIES KENTUCKY, INC PLACES EACH YEAR'S 990 TAX RETURN AND ANNUAL REPORT ON ITS WEBSITE THE ANNUAL REPORT IS ALSO BROADLY DISTRIBUTED IN COMMUNITIES IN WHICH THE COMPANY OPERATES GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE PROVIDED TO ANYONE WHO REQUESTS THEM
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 15,001 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT 308,437 TOTAL TO FORM 990, PART XI, LINE 5 323,438

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

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

DLN: 93493092006103

SCHEDULE R (Form 990)

Name of the organization

GOODWILL INDUSTRIES OF KENTUCKY INC

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.

2011

Schedule R (Form 990) 2011

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

					61-04752	84			
Part I Identification of Disregarded Entities (Com	plete if the orgai	nization answe	red "Yes" o	on Form 990, Pa	irt IV, line 33.)				
(a) Name, address, and EIN of disregarded entity	(b) Primary act	tivity Legal d or fore	(c) omicile (state ign country)	(d) Total income	(e) End-of-year assets	(f) Direct coi enti	ntrolling		
				1					
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	nizations (Com g the tax year.)	plete if the or	janızatıon a	answered "Yes"	on Form 990, I	Part IV, line	34 becaus	e it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Legal domi or foreign	:ile (state E:	(d) exempt Code section	(e) Public charity statu (if section 501(c)(3	is Direct o	(f) controlling ntity	Section 5 cont	g) 12(b)(13 rolled ization
								Yes	No
1) GOODWILL TEMPORARY SERVICES OF KENTUCKY INC									
.325 SOUTH 4TH STREET	SEE PART VII	KY		501(C)(3)	LINI	9 N/A		Yes	
OUISVILLE, KY 40204 51-1316311									
2) INDEPENDENT INDUSTRIES INC									
325 SOUTH 4TH STREET	SEE PART VII	к		501(C)(3)	LINI	9 N/A		Yes	
OUISVILLE, KY 40204 3-2017147									
3) GOODWILL INDUSTRIES WORKS INC									
325 SOUTH 4TH STREET	SEE PART VII	к		501(C)(3)	LINE 11/	A, I N/A		Yes	
OUISVILLE, KY 40204 25-3157787									
4) GOODWILL OF KENTUCKY CARS TO WORK INC									
325 SOUTH 4TH STREET	SEE PART VII	ку		501(C)(3)	LINI	9 N/A		Yes	
OUISVILLE, KY 40204 15-0830218									

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropitionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No			
												i		

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) Рптагу 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

(6)

Part V Transactions with Related Organizations (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
f 1 During the tax year, did the organization engage in any of the following transactions with one or more related organization.	nızatıons lısted ın Parts	s II-IV?						
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1 a	Yes				
b Gift, grant, or capital contribution to related organization(s)			1b		No			
c Gift, grant, or capital contribution from related organization(s)			1 c	Yes				
d Loans or loan guarantees to or for related organization(s)			1d		No			
e Loans or loan guarantees by related organization(s)			1e		No			
f Sale of assets to related organization(s)			1f		No			
g Purchase of assets from related organization(s)			1 g		No			
h Exchange of assets with related organization(s)			1h		No			
i Lease of facilities, equipment, or other assets to related organization(s)								
j Lease of facilities, equipment, or other assets from related organization(s)			1 j		No			
k Performance of services or membership or fundraising solicitations for related organization(s)			1k	Yes				
I Performance of services or membership or fundraising solicitations by related organization(s)			11	Yes				
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes				
n Sharing of paid employees with related organization(s)			1n	Yes				
• Reimbursement paid to related organization(s) for expenses			10		No			
p Reimbursement paid by related organization(s) for expenses			1p	Yes				
q Other transfer of cash or property to related organization(s)			1 q		No			
r Other transfer of cash or property from related organization(s)			1r		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncludina covered relati	onships and transact	ion thresholds					
(a)	(b)	(c)	(d)					
Name of other organization	Transaction type(a-r)	Amount involved	Method of determing involved		ount			
1) See Addıtıonal Data Table	71 \ 7							
2)								
3)								
4)								
5)								
	1	I	1					

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) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income (g) Share of end-of-year assets		Share of end-of-year		Share of end-of-year		(h) Disproprtionate allocations?		end-of-year		amount in box m		j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No							

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation
		PART II, LINE 1, COLUMN B GOODWILL TEMPORARY SERVICES OF KENTUCKY, INC - PROVIDES EMPLOYMENT AND TRIAL EMPLOYMENT PART II, LINE 2, COLUMN B INDEPENDENT INDUSTRIES, INC - PROVIDES WORK AND DAY ACTIVITY PART II, LINE 3, COLUMN B GOODWILL INDUSTRIES WORKS, INC - PROVIDES EMPLOYMENT FOR MISSION PERSONS PART II, LINE 4, COLUMN B GOODWILL OF KENTUCKY CARS TO WORK - PROVIDES ACCESS TO AUTOS FOR MISSION PERSONS

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 61-0475284

Name: GOODWILL INDUSTRIES OF KENTUCKY INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	GOODWILL INDUSTRIES WORKS INC	А	5,436,960	RETURN ON INVEST
(2)	GOODWILL INDUSTRIES WORKS INC	С	7,683,030	MGMT AGREEMENT
(3)	GOODWILL INDUSTRIES WORKS INC	К	4,891,382	MGMT AGREEMENT
(4)	GOODWILL INDUSTRIES WORKS INC	Р	973,277	ACTUAL EXPENSES
(5)	GOODWILL TEMPORARY SERVICES OF KENTUCKY INC	К	507,215	MGMT AGREEMENT
(6)	GOODWILL TEMPORARY SERVICES OF KENTUCKY INC	Р	536,038	ACTUAL EXPENSES
(7)	GOODWILL OF KENTUCKY CARS TO WORK INC	Р	67,439	ACTUAL EXPENSES
(8)	INDEPENDENT INDUSTRIES INC	Q	120,000	CASH TRANSFER
(9)	GOODWILL TEMPORARY SERVICES OF KENTUCKY INC	I	282,102	INVOICES