

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	e 201	6 calendar year, or tax year beginning , 2016, and	d ending			, 20
			C Name of organization		D Employer ide	ntification	number
B c	heck if app	plicable	GOODWILL OF ARKANSAS FOUNDATION, INC.		71-052	1927	
Γ	Addres		Doing business as				
Х	Name		Number and street (or P O box if mail is not delivered to street address) Roor	n/suite	E Telephone nu	ımber	
1	tortial r		7400 SCOTT HAMILTON DRIVE, STE 50		(501) 37	2 - 510	0
\vdash	Final re	eturn/	City or town, state or province, country, and ZIP or foreign postal code		(302) 37		
\vdash	termina Amend		LITTLE ROCK, AR 72209-3175		G Gross receipt	s S	3,733,582.
-	return Applica	ation	F Name and address of principal officer BRIAN ITZKOWITZ		H(a) Is this a gro		
L	pendin	g	7400 SCOTT HAMILTON DRIVE, #50 LITTLE ROCK, AR	72200	subordinate	s?	H H
_	Tax-exe	mnt et			H(b) Are all subor		e instructions)
	Websit			527	٠	•	-
		<u> </u>		1. Maria at taxa	H(c) Group exen		
_	Form o			L Year of form	nation 1979 m	State of le	gal domicile AR
	art l		mmary	DAMI ON	C BYCLUCTI		
	1 1		describe the organization's mission or most significant activities THE FOUNI			FPI OF	RGAN1ZED
Governance			OPERATED AS A SUPPORTING ORGANIZATION OF GOODWI	PP INDO	STRIES OF		
rna			ANSAS, INC.				
9	l .		this box if the organization discontinued its operations or disposed of			1 1	
Ŏ			er of voting members of the governing body (Part VI, line 1a)			3	4.
Se			er of independent voting members of the governing body (Part VI, line 1b)			4	2.
Ě	5	Total	number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0.
Activities &			number of volunteers (estimate if necessary)			6	2.
⋖			unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	b	Net u	nrelated business taxable income from Form 990-T, line 34	· · · · · ·		7b	0.
	ļ				Prior Year		Current Year
ē	8	Contr	ibutions and grants (Part VIII, line 1h)	7/\/		0.	3,733,582.
ē	"	og.	and service revende () and vin, interest, in a service	-1 A IC デ) 1	0.	0.
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		78	0.	0.
_	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 116) MAY	5. 2017	<u> </u>	0.	0.
	12	Total_	revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	<u>]`</u>	lean	0.	3,733,582.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.	0.
					<u></u>	0.	0.
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		,	0.	0.
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
×	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶0 .				
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	🖵		0.	0.
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	上		0.	0.
		Rever	nue less expenses Subtract line 18 from line 12			0.	3,733,582.
Sor	1			Be	ginning of Current	Year	End of Year
Net Assets Fund Balanc	20	Total	assets (Part X, line 16)			0.	3,699,018.
4 AS	21	Total	habilities (Part X, line 26)			0.	0.
<u> </u>	22	Net a	ssets or fund balances Subtract line 21 from line 20	<u> </u>		0.	3,699,018.
	irt II	Si	gnature Block				
Un	der pen	natties o	of pérjury, I declare that I have examined this return, including accompanying schedules a complete Declaration of preparer (other than officer) is based on all information of which pr	and statement	s, and to the best of	of my knov	dedge and belief, it is
	0, 00/10	Ct, and	dynamics because of prepare to the first and	cparci nos an	y Kille Williams		
o:-		L '	Tour Could		Play	9,20	17
Sig			Signature of officer		Date V	,	
He	r e		BRIAN ITZKOWITZ PRESIDENT	& CEO			
			Type or print name and title				
Paid	4	Print		Date	Check	If PTIN	
_		AMB	ER SHERRILL AMBLE SherEIU. CPA	5/9/17	self-emplo	yed p	00579492
	parer Only	Firm'	sname ▶BKD, LLP		Firm's EIN ▶		
		Firm's	s address ▶P.O. BOX 3667 LITTLE ROCK, AR 72203-3667		Phone no	501~37	2-1040
Ma	y the If	RS dis	cuss this return with the preparer shown above? (see instructions)			[X Yes No
For	Paper	work	Reduction Act Notice, see the separate instructions.			م. ا	Form 990 (2016)
JSA						1,4	3

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_	n 990 (2016)					Page Z
Pa		nt of Program Service A		o in this Bort III	<u> </u>	
<u>-</u>		ne organization's mission		ie iii uiis Fait iii	<u> </u>	<u></u>
•	•		N IS TO ASSIST, B	Y GRANTS AND		
			STRIES OF ARKANSA		ITS MISSION	
			ATION, TRAINING A			
_			 			
2	Did the organiza	tion undertake any signit r 990-F72	icant program services o	luring the year which	ch were not listed on the	e Yes X No
	If "Yes," describe	these new services on S	chedule O			, Tes A NO
3			, or make significant o		conducts, any program	n . Yes X No
		these changes on Sched		as again of its these	e largest program servi	ione on managered by
•	expenses Section	on 501(c)(3) and 501(c)(juired to report the	e amount of grants and	
4a	(Code) (Expenses \$	0 including grants	of \$	0) (Revenue \$	0)
			Y ORGANIZED AND O			
	SUPPORTING C	RGANIZATION OF GO	DODWILL INDUSTRIE	S OF ARKANSAS,	, INC.	
						
						
						
4b	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
						
						
						
						
						
4c	(Code) (Expenses \$	including grants	of \$) (Revenue \$)
						
						
						
						
						
						
						
_						
4d		ervices (Describe in Sche	dule O)			
_	(Expenses \$	including gr) (Revenue \$)	
4e	Total program se	ervice expenses >	0.			- 000
6E1	020 1 000 527082 K9	25 5/4/2017 1:	56:03 PM V 16-4	5 c c	54963	Form 990 (2016) PAGE
	J21004 K9	<pre>40 3/4/401/ 1:</pre>	30:03 PM V 10-4		しょうじつ	PAGE

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // Yes.' complete Schedule 8, Schedule of Contributors (see instructions)?. 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // Yes.' complete Schedule C, Part II. 3 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 III. 4 Section 501(c)(3) organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes,' complete Schedule C, Part III. 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dises, assessments, or similar amounts as defined in Revenue Procedure 8a-197 If Yes, "complete Schedule C, Part III. 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 II. 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the interpolation for accounts of the environment, historic land areas, or historic structures? If Yes," complete Schedule D, Part III. 7 Did the organization interpolation of works of art, historical treasures, or other similar assets? If Yes," complete Schedule D, Part IV. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part V. 9 Did the organization in shorts to any of the following questions is Yes," example to Part X. 10 Did the organization report an amount for investments-order securiti	Part	IV Checklist of Required Schedules			
complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 10 the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for jublic office? If Yes," complete Schedule C, Part II. 3 Section 591 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (n) election in effect during the tax year? If Yes," complete Schedule C, Part III. 5 Is the organization of socious 501 (c)(4), 501 (c)(6), organization that receives membership dies, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If Yes," complete Schedule D, Part II. 7 Did the organization advise on the distribution or investment of amounts in such funds or accounts? If Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical fresaures, or other similar assets? If Yes," complete Schedule D, Part III. 7 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part IV. 9 Did the organization report an amount for investments-program related in Part X, line 10? If Yes," ormplete Schedule D, Part VI. 10 Did the organization in Amount of the selection of the securities in Part X, line 10? If Yes," ormplete Schedule D, Part VI. 10 Did the organization report an amount for investments-brogram related in Part X, line 10? If Yes," ormplete Schedule D, Part VII. 11 Did the organization report an amount for the selection in Part X, line 10? If Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of	-			Yes	No
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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 II. 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 III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 10 Did the organization, directly or through a related organization, hold assets in temporarity restricted endownents, permanent endowments, or quasi-endownents? If "Yes," complete Schedule D, Part VI. 11 If the organization report an amount for investments on the securities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments-other securities 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 VII. 13 Did the organization report an amount for investments-other securities 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. 14 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. 15 Did the organization report an amount for other liabilities 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 VIII.			<u> </u>		İ
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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. 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 X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," complete Schedule D, Part X line 16? If "Yes," and if the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X line 14. In Interest and Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule D, Part X line 16. Interest Schedule E, line 16. Interest Schedule E, line 16. Interest Schedule E, line 17. Interest Schedule E, line 17. Interest Schedule E, line 18. Interest Schedule E, line 18. Interest Schedule E, line 18. Interest Schedule Schedule E, line 18. Interest Schedule Schedule E, line 18. Interest Schedule Schedule E, line 18. Interest Schedule Schedule Schedule E, line 18. Interest Schedule Schedule Schedule E, line 18. Interest Schedule S	b			١	
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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. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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. 116 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Parts III and IV. 16 Did the organization report 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 II. 18 Did the organization rep	С		١		,,
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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. 116 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(i))? If "Yes," complete Schedule E. 13 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV. 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 15 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 II (see instructions). 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Par	_	·	11c		<u>X</u>
but the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e 1 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization but in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X	d		l		
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			$\overline{}$		<u>X</u>
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11e		X
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	f				
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			111		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a				١.,
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12a		X
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	þ		4		J
14a Did the organization maintain an office, employees, or agents outside of the United States?	4.0			-	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		· · · · · · · · · · · · · · · · · · ·	-	-	X
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			14a		X
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	a				
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			4.44		V
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45	- · · · · · · · · · · · · · · · · · · ·	140	 -	<u> </u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15				J
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		15	 	X
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 (see instructions)	10		4.0		l
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47	The state of the s	16	 	-x-
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	17				.
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		- 17-	├	<u> </u>
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	10		40		l v
If "Yes," complete Schedule G, Part III	4.0	·	18	 	X
	19		40		x
		II 199, somplete schedule G, Falt III		900	

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Ò	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22		-		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	'		ĺ
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Ì		
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?	ļ		l
	If "Yes," complete Schedule L, Part I	25b		X
20	·	235		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		'	İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		!	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a		200		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ		l
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X
22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		<u> </u>
32		20		v
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	Į .		Į.
	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	· · · · · · · · · · · · · · · · · · ·			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ſ		,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		L _X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1		ļ
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990	

Par				\Box
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V		Yes	- LLL
	5	8 - 45-27	7 es	NO 13 // 18
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
		~ 🔻 📝		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0	Talkinia i	
_	reportable gaming (gambling) winnings to prize winners?	1c		₹. 4 %
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			/111-a
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	100	334
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			•
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			X
	account)?	4a	2.00	
b	If "Yes," enter the name of the foreign country ▶		182	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		├ ^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	"		
	gifts were not tax deductible?	6ь	1	
7		8	4	ζ,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			377
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		į į	
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	2 2	'E.	i ju
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	السنة الله	
_	sponsoring organization have excess business holdings at any time during the year?			- 4 Y Y
9	Sponsoring organizations maintaining donor advised funds.	9a	·	
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter	N6.3		35.74
	Initiation fees and capital contributions included on Part VIII, line 12		C april	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		M.J.J	
11	Section 501(c)(12) organizations. Enter). H	
а	Gross income from members or shareholders	. 1.	133	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	1
_	the organization is licensed to issue qualified health plans	1 !		
	Effect the difficulty of reserves of hards.	14a	 	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
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05 104	52708Z K925 5/4/2017 1:56:03 PM V 16-4.5F 54963	. 2		AGE

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule				
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part VI		· · ·	· · ·	X
Sect	ion A. Governing Body and Management				
	.	E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	4		#J	
	If there are material differences in voting rights among members of the governing body, or if the governing		\$	Vait	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	î	25.126 1	TR.	
b	Enter the number of voting members included in line 1a, above, who are independent	2;	ġ,	J. G.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th 🖰	Lume	#1.	LZE
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire	1			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Χ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo				
	one or more members of the governing body?		7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) member				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	· -	. " " "		
U	the year by the following	''Y	úz		
	The governing body?		8a	X	
a	Each committee with authority to act on behalf of the governing body?		8b	X	
9		· -	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	at	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Rever			<u> </u>	
0000	en bi i enere (i me econom e requeste imermation about poneres not required by the internal rever	140		Yes	No
40	Did the conservation have been been been been been as afflicted.	Γ.	10a		x
	Did the organization have local chapters, branches, or affiliates?	• -		-	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapte		10ь		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· F	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Js ^
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1		X	di
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	• -	12a	Λ	
p	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		126	Х	1
	rise to conflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		4	v	1
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	. –	13	X	
14	Did the organization have a written document retention and destruction policy?	.	14	X	. (82)
15	Did the process for determining compensation of the following persons include a review and approval			š.ja	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		<u> </u>	مُعَمَّمَ	للحبا
а	The organization's CEO, Executive Director, or top management official	• -	15a		X
b	Other officers or key employees of the organization	· [15b		X
	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	ant 🖟	<u></u>		Y
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its [7, 25		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t	he _		· · · · · ·	
	organization's exempt status with respect to such arrangements?	نلن	16b		<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶AR,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec	tion §	501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply		,	,-	• ,
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finte	rest	polici	y, and
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and regordwill industries of ar inc 7400 scott Hamilton DR, STE 50 LITTLE ROCK, 501-372-5100	cords	. ▶		
-	GOODWILL INDUSTRIES OF AR INC 7400 SCOTT HAMILTON DR, STE 50 LITTLE ROCK, 501-372-5100		-		

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Form **990** (2016)

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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Contr	ractors								

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	rage (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DOUGLAS JACKSON	1.00									
CHAIRPERSON	2.00	X		Х				0.	0.	0
(2)FRED PERKINS, III	1.00					-				
VICE CHAIRPERSON	2.00	X		Х				0.	0.	0
(3)BRIAN ITZKOWITZ	1.00		ĺ							
PRESIDENT & CEO	50.00	X		Х			<u> </u>	0.	307,546.	34,264
(4)SYLVIA MURCHISON	2.00									
CHIEF FINANCIAL OFFICER	50.00	Х		Х				0.	129,004.	15,792
(5)	-		i							
(6)										
(7)							-			
(8)				_			-			- ,
(9)										
(10)					-					
(11)				-	-		-			
(12)				-	_		-			
(13)				<u> </u>			<u></u>			
(14)			-	_	_			ļ		

Form 990 (2016)

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)		. (A) Name and title	(B) Average hours per week (list any hours for	(do i box, office	not c unle:	Pos heck ss pe	C) sition more erson tirect	e than o	one an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able on from ed tions	(F) Estimated amount of other compensation
c Total from continuation sheets to Part VII, Section A			organizations below dotted	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	lighest compensated	ormer	_	(W-2/1099	-MISC)	organization and related
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A												:	
c Total from continuation sheets to Part VII, Section A			ļ										
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A				ļ 									
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A			<u> </u>										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2 Yes N	С	Total from continuation sheets to Part VII, S	Section A .						> > >	0.		0.	50,056. 0, 50,056.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_	Total number of individuals (including but not	limited to t	hose	liste				o re				30,030.
Individual		Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo Jule J for sur sum of rej	<i>ch ind</i> portal	livid ole (<i>ual</i> com	 iper	 nsatio	 na	nd other compen	sation from	 the	3 X
for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organizations gr	eater than	1 \$1 5	50,0	0007	2 1	"Ye	s, "	complete Schedu	ıle J for	such	4 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (B) Description of services Compensation		for services rendered to the organization? If "Y											
Name and business address Description of services Compensation		Complete this table for your five highest comcompensation from the organization Report											
			dress								ervices		
	_								-				
									\mp				
	_						_		1				

Par	t VIII	Statement of Revenue Check if Schedule O contains a respo	inse or note to a	ny line in this Part \	/III		
		Cleck ii Octobro		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	3,733,582				
Con	g h	Noncash contributions included in lines 1a-1f \$ _ Total Add lines 1a-1f	_	3,733,582			
ram Service Revenue	2a b c d		Business Code	omonimilitationementus se se se se se se se se se se se se se	i dinama di dinama di di dinama di di di di di di di di di di di di di	ndireccinamination of a montaneous	announced find state and
Program	f g	All other program service revenue Total. Add lines 2a-2f	<u>. , , , , , , ▶</u>	0			
	3 4 5	Investment income (including divide and other similar amounts)	d proceeds . ▶	0			
	6a b c	Gross rents					
	d 7a b	Net rental income or (loss)	(II) Other				
Other Revenue	8a		a	0			
O	c 9a	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	s >	0			
	b c	Less direct expenses	b <u></u> ▶	0			
	10a	Gross sales of inventory, less returns and allowances	a]",			
	b c	Less cost of goods sold	Business Code	0			
	11a b c	All other revenue					
JSA BE 10	12 51 1 000	Total. Add lines 11a-11d		3,733,582.			Form 990 (2016)

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)

	Check if Schedule O contains a respo				
		(A)		(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				Ti.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			<u> </u>
7	Other salaries and wages	0.	·		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.		ļ	<u> </u>
10	Payroll taxes	0.		ļ	
11	Fees for services (non-employees)	_]			
а	Management ,	0.			
b	Legal	0.			
C	Accounting	0.			
ď	Lobbying	0.			
	Professional fundraising services See Part IV, line 17,	0.			
f	Investment management fees	0.			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology ,	0.	 		
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	0.		ļ	
19		0.	 	 	
20	Interest	- 0.			
21	Payments to affiliates	0.		-	
22	Depreciation, depletion, and amortization	- 0.		 	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (A)				
_	· · · · · · · · · · · · · · · · · · ·				
a					
				 	
	; 			 	
	All other expenses			 	
	All other expenses	0.		 	
	Joint costs. Complete this line only if the			 	
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation Check here			}	
	following SOP 98-2 (ASC 958-720)	0.			
JSA					Form 990 (2016)

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Form **990** (2016)

Balance Sheet

Check if Schedule O contains a response or note to any line in this Dr	rt Y		
Check is ochequie o contains a response of note to any life in this Fa	(A)	Ť	(B)
Cook non interest hearing		+	End of year
Cash - non-interest-bearing		+	452,240
Savings and temporary cash investments.			
Accounts reconnicted and			0
Accounts receivable, net	<u>U.</u>	4	
	^	_	0
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers	0.	5	0
and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule I	0.	6	0
Notes and loans receivable net			0
Inventories for sale or use			
Prenaid expenses and deferred charges			0
· · · · · · · · · · · · · · · · · · ·			
	0	100	0
		-	3,246,778
			3,240,778
			0
			0
			3,699,018
			0
			0
			0
Tax-exempt bond liabilities			0
	0.	21	0
-			
		İ	
			0
			0
	0.	24	0
,		İ	
parties, and other liabilities not included on lines 17-24) Complete Part X			
of Schedule D			0
Total liabilities. Add lines 17 through 25	0.	26	0
complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets		27	3,699,018
Temporarily restricted net assets	0.	28	0
Permanently restricted net assets	0.	29	0
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
Paid-in or capital surplus, or land, building, or equipment fund		31	_
Retained earnings, endowment, accumulated income, or other funds		32	
		33	3,699,018
Total net assets or fund balances	0.	-	5,055,010
	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D Less accumulated depreciation. Investments - publicly traded securities Investments - publicly traded securities Investments - program-related See Part IV, line 11 Intragible assets. Other assets. See Part IV, line 11 Intragible assets. Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities. Add lines 17 through 25. Organizations that foliow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net asse	Cash - non-interest-bearing 0. Savings and temporary cash investments 0. Pledges and grants receivable, net 0. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(ff(1)), persons described in section 4958(f(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net in of Schedule L Notes and loans receivable, net in officers, directors, trustees, key complete Part VI of Schedule L Schedule L Leas accumulated deprecation. 10b 0. Investments - publicly traded securities 10c. Investments - publicly traded securities 10c. Investments - program-related See Part IV, line 11 0. Intrangible assets See Part IV, line	Cash - non-interest-bearing 0. 1

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GO	WDC	ILL OF ARKANSAS FOUN					71-052192	
Рa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	this pa	art) See instructions	
The	org	anization is not a private four	ndation because it	is (For lines 1 through	h 12, ch	eck only	one box.)	
1		A church, convention of chu	irches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii).	(Attach Schedule E (Form 99	0 or 990	-EZ))	
3		A hospital or a cooperative	hospital service of	ganization described i	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in o	conjunction with a hos	pital des	scribed in	section 170(b)(1)(A)	(iii). Enter the
	_	hospital's name, city, and st						
5	L	An organization operated f section 170(b)(1)(A)(iv). (C		a college or university	y owned	or ope	rated by a governme	ntal unit described in
6		A federal, state, or local go	•	nmental unit describer	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norma	_			•		om the general public
·		described in section 170(b)			PF - 11 - 11 -	3-		gov.=
8	[A community trust describe		•	Part II)			
9		An agricultural research org	•			perated	I in conjunction with a	land-grant college
		or university or a non-land-						
		university		•	,			· ·
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ent income and ui n after June 30, 19	rrelated business taxa 975 See <mark>section 509</mark> (able inco a)(2). (C	me (les: complete	s section 511 tax) from Part III)	nip fees, and gross n 331/3 % of its businesses
11 12	x	An organization organized a An organization organized a	•	•	-			erry out the nurneces
12	<u></u>	of one or more publicly su		=	-			•
		Check the box in lines 12a t	•					,
_	Г	X Type I A supporting orga	-	* -			•	
а	L	the supported organization						
		supporting organization				ajointy of	the directors of truste	cs of the
b	Г	Type II A supporting org				with its	supported organization	on(s) by having
_	_	control or management o						
		organization(s) You must		•		- ролоол		-gp p
С	Г	Type III functionally integ	•		ted in co	onnectio	n with, and functional	ly integrated with.
	_	its supported organization	•	· ·				,,
d				porting organization operated in connection with its supported or ization generally must satisfy a distribution requirement and an all		ted organization(s)		
					n generally must satisfy a distribution requirement and an atte e Part IV, Sections A and D, and Part V.		• , ,	
			•					
е		Check this box if the orga	inization received	a written determinatio	determination from the IRS that it is a Type I, Type II, Type			l, Type III
		functionally integrated, or	Type III non-funct	onally integrated sup	vritten determination from the IRS that it is a Type I, Type II, Type			
f	Er	nter the number of supported	organizations	ionally integrated supporting organization				
<u>g</u>	Pr	ovide the following information	on about the suppo	orted organization(s)			, 	
	(ı) N	Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
7	ATT.	ACHMENT 1		above (see instructions))	Yes	nent?	instructions)	instructions)
_								
(A) —								
(B)								
(C)								
— (D)								
— (E)								
_					[<u> </u>		
Tot	al					1		

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2016

Page 2

Par	(Complete only if you checke Part III If the organization fai	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						ļ
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>		L		<u> </u>
	tion B. Total Support		,				т
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				 		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	<u> </u>		<u></u>
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is to organization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Sup			44 4 (6)			
14	Public support percentage for 2016 (I					14	<u>%</u>
15	Public support percentage from 2015 331/3% support test - 2016. If the contract of the contrac						
IVA	this box and stop here. The organizati	-					1 1
h	331/3% support test - 2015. If the						
-	check this box and stop here. The org	-					
17a	10%-facts-and-circumstances test -	•	-				
	10% or more, and if the organization		-				
	Part VI how the organization meets						
	organization						▶ ∐
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org						
	Explain in Part VI how the organizat						
	supported organization						
18	Private foundation. If the organization						[]
	instructions	<u> </u>		<u></u>			
						schedule A (Form	990 or 990-EZ) 2016

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees					[[
	received (Do not include any "unusual grants")					l	
2	Gross receipts from admissions, merchandise					\ \ \	
	sold or services performed, or facilities			·			
	furnished in any activity that is related to the]	
	organization's tax-exempt purpose			'		ll	
3	Gross receipts from activities that are not an	_					
	unrelated trade or business under section 513					[
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			L			
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge)]	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		1			,	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6)					`	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar					1	
	sources					[
b	Unrelated business taxable income (less					Ţ————	
	section 511 taxes) from businesses				ļ	,	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,				1	1	
	whether or not the business is regularly carried on				1	[]	
12	Other income Do not include gain or						
	loss from the sale of capital assets				ļ		
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,					1	
	and 12)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here						. —
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8			nn (f))		15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2016 (li			3, column (f))		17	%
18	Investment income percentage from 2015		•				%
	331/3% support tests - 2016. If the or						
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2015. If the orga		-	· ·		•	
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	-	• •		
JSA	1 1 000					Schedule A (Form 9	
05 177							

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		Х
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a_		Х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a_		Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		Х
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		Х
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9Ь		х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Х
10 a		10a		х
b		10b		

Schedule A (Form 990 or 990-EZ) 2016

Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic	ig trust of izations r	nust complete Sectio	n in Part VI) See ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			_
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		· -	
factors (explain in detail in Part VI)	_		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035 7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
Section C - Distributable Amount	_ 8		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		<u> </u>	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2016

Part		Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	· _ _
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
_	ınstructions			
3	Excess distributions carryover, if any, to 2016			
а				
b		<u> </u>		
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		· 	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			ļ
7	Excess distributions carry over to 2017 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
b	Excess from 2013			
<u>c</u>	Excess from 2014			
<u>d</u>	Excess from 2015			
e	Excess from 2016	<u> </u>		<u> </u>

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

				ATTACHMENT I	<u> </u>
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
GOODWILL INDUSTRIES OF ARKANSAS, INC	71-0236903	7	Х	0.	0
TOTAL AMOUNT OF SUPPORT					

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization GOODWILL OF ARKANSAS FOUNDATION, INC. 71-0521927 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register........... 3 Number of conservation easements modified, transferred, released, extinguished, or term inated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing, conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

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	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
(A) RAYMOND JAMES SECURITIES	3,246,778.	FMV
(B)		
(C)		
(D)		
(E) (F)		
(F) (G)	 	
(H)		
ial (Column (b) must equal Form 990, Part X, col (B) line 12)	3,246,778.	
art VIII Investments - Program Related.	0,210,7101	
	ed "Yes" on Form 990, Par	t IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9) tal (Column (b) must equal Form 990, Part X, col (B) line 13)		······································
art IX Other Assets.		
	ed "Yes" on Form 990. Par	t IV, line 11d See Form 990, Part X, line 15.
	Description	(b) Book value
1)		
2)		
~,		
3)		
3)		
3) 4)		
3) 4) 5)		
3) 4) 5) 6)		
3) 4) 5) 6) 7) 8) 9)		
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (E	l) line 15)	
3) 4) 5) 6) 7) 8) 9) vtal. (Column (b) must equal Form 990, Part X, col (E) art X Other Liabilities.		
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (E) art X Other Liabilities. Complete if the organization answer		
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (E) art X Other Liabilities. Complete if the organization answer line 25	ed "Yes" on Form 990, Par	
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability		
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of hability (1) Federal income taxes	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 77 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) tal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (E) art X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (E) art X Other Liabilities. Complete if the organization answer line 25 (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ed "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,
3) 4) 5) 6) 7) 8) 9) stal. (Column (b) must equal Form 990, Part X, col (Eart X) Other Liabilities. Complete if the organization answer line 25 (a) Description of hability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	red "Yes" on Form 990, Par	t IV, line 11e or 11f See Form 990, Part X,

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Schedule D (Form 990) 2016

71-0521927

Part XIII Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

GOODWILL OF ARKANSAS FOUNDATION, INC.

Employer identification number

71-0521927

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	1200		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	27		K is
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	* ** *,	4.3	L.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	1.31	577	
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			A
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		^ *	
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	349 An		,
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the		1	27 11 3
3	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a	, ,		112
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III		. w., ^ _	1
	Compensation committee Written employment contract	3		Ĭ
	Independent compensation consultant Compensation survey or study	18:		
			4116	
	— · · · · · · · · · · · · · · · · · · ·	Tamasa .	80.	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		. 7	3.5
_	organization or a related organization	ŴA.	¥	1.74
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	177	. 32	:
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	18°	\$. "	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	133	ľ. I	[N2]
	compensation contingent on the revenues of	i		لنيشيا
а	The organization?	5a		X
b	Any related organization?	5b	ļ.,	X
	If "Yes" on line 5a or 5b, describe in Part III			- 1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	V		1 1
	compensation contingent on the net earnings of	32.11.		قــنـا
	The organization?	6a		X
þ	Any related organization?	6b	ļ,	X
	If "Yes" on line 6a or 6b, describe in Part III		î.K	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 69 lf "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			[
	ın Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
PRIAN ITZKOWITZ (b) (c) (d) (d) (d) (d) (d) (d) (d	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	in column (B) reported as deferred on pnor Form 990
NESIDENT 6 CEO (10) 219,593. (60,000, 27,953, 15,900, 18,364, 341,810. 341,		Ξ	0	0	0	0	0	0.	:0
		3	219,593.	.000,09	27,953.	15,900.	18,364.	341,810.	
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Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Noncash Contributions

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

Attach to Form 990

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

OMB No 1545-0047

Open To Public Inspection

Employer identification number

GOODWILL OF ARKANSAS FOUNDATION, INC. 71-0521927 **Types of Property** (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art - Works of art. Art - Historical treasures Art - Fractional interests Books and publications Clothing and household 6 Cars and other vehicles Intellectual property Х 3,281,342. FMV Securities - Publicly traded , . . . 9 Securities - Closely held stock . . . 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles. 18 Food inventory 19 20 Drugs and medical supplies 21 Historical artifacts 22 Scientific specimens..... 23 Archeological artifacts 25 Other ►(26 Other ►(_ 27 Other ►(28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2016)

Part II

Page 2

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

FORM 990, SCHEDULE M, PART I, COLUMN B

THIS AMOUNT REPRESENTS THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

GOODWILL OF ARKANSAS FOUNDATION, INC

71-0521927

FORM 990, PART VI, SECTION A, LINE 4 THE ARTICLES OF INCORPORATION AND BYLAWS WERE AMENDED AND RESTATED IN 2016 TO REFLECT THE NAME CHANGE AND TO INDICATE GOODWILL INDUSTRIES OF ARKANSAS, INC. AS ITS SUPPORTED ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B THE FORM 990 IS REVIEWED BY THE BOARD OR DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY IS ANNUALLY DISCUSSED AND REVIEWED AT ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST BOARD MEETINGS. DISCLOSURE STATEMENT ANNUALLY WHICH IS REVIEWED BY THE PRESIDENT/CEO OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINES 15A & 15B THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS OR BOARD MEMBERS, AND DOES NOT HAVE ANY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. 71-0521927

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Servce Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Employer Identification number

71-0521927

(f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity GOODWILL OF ARKANSAS FOUNDATION, INC. Part II Part 1 9 Ξ ₹ 9 2 \mathfrak{S}

one of more related tax-exempt organizations during the tax year	ie tax year						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed <i>y?</i>
				;		Yes	Ŷ
(1) GOODWILL INDUSTRIES OF ARKANSAS, INC 71-0236903							
7400 SCOTT HAMILTON DR, STE 50 LITTLE ROCK, AR 72209	THRIFTSTORES	AR	501 (C) (3)	7	N/A		×
(2)							
(3)							
(4)							
(5)							
							İ
(9)							
(2)							

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

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Section 512(b)(13) controlled entity? Schedule R (Form 990) 2016 (k) Percentage ownership (h) Percentage sownership 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. (J) General or managing Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year (g) Share of end-of-year assets (I)
Code V - UBI
amount in box 20
of Schedule K-1
(Form 1065) (f) Share of total income (h) Disproportionats ŝ Yes (g) Share of end-of-(c) Type of entity (C copp. 8 corp. or trust) year assets (f) Share of total (d)
| Direct controlling entity income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization JSA 6E1308 1 000 Part III Part IV € 2 (4) 9 9 3 4 9 9 3 Ξ 2 5

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	s" on Form 990, Part	IV, line 34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related	elated organizations listed in Parts II-IV?	od in Parts II-IV?	
			× ×
			>
d Loans or loan guarantees to or for related organization(s)			pt
e Loans or loan guarantees by related organization(s)			1e X
f Dividends from related organization(s)			1f ×:
			× 1g ×
h Purchase of assets from related organization(s)			1h ×
			×
Lease of facilities, equipment, of other assets to related organization(s).			
			7 ×
K Lease of lacinities, equipment, of ourer assets from lengted organization)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			tn ×
o Sharing of paid employees with related organization(s)			10 X
n Reimhirsement haid to related organization(s) for expenses			×
			<u> </u>
ל הפוויוטעוספווופות בשום על ופופופע טומפוובמוטוו(ס) זכן פאליפווספט			₩ · · · · · · · · · · · · · · · · ·
Other transfer of cash or property from related organization(s).			× 1s ×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	gug	covered relationships and transaction thresholds	action thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)	;		
(4)			
(5)			
			·
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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 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predomnant Income (related unrelated excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1)			sections 512-514)	Yes No			Yes No		Yes No	•
(2)										
(3)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)								:		
(11)										
(12)										
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(14)										
(15)										
(16)										
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions



DOMESTIC NONPROFIT

RESTATED ARTICLES OF INCORPORATION OF GOODWILL INDUSTRIES FRIENDS, INC. (now known as, GOODWILL OF ARKANSAS FOUNDATION, INC.)

The undersigned board of directors of this corporation, in order to amend and restate the Certificate and Articles of Incorporation of a nonprofit corporation under the laws of the State of Arkansas, do hereby certify that these Restated Articles of Incorporation of this corporation do not require the approval of any member or person other than a majority of the board of directors of this corporation. A majority of the board of directors of this corporation has adopted these Restated Articles of Incorporation of this corporation. In particular, the board of directors of this corporation elects to be governed by Act 1147 of 1993, the Arkansas Nonprofit Corporation Act of 1993, Chapter 33 of Title 4 of the Arkansas Code of 1987 Annotated and change the name of this corporation to GOODWILL OF ARKANSAS FOUNDATION, INC.

RESOLVED, that the Certificate and Articles of Incorporation of GOODWILL INDUSTRIES FRIENDS, INC., and now known as, GOODWILL OF ARKANSAS FOUNDATION, INC., shall be amended and restated in their entirety to read as follows:

ARTICLES OF INCORPORATION OF GOODWILL OF ARKANSAS FOUNDATION, INC.

The undersigned, in order to form a nonprofit corporation for the purposes hereinafter stated under, and pursuant to the provisions of the laws of the State of Arkansas, particularly Act 1147 of 1993, the Arkansas Nonprofit Corporation Act of 1993, Chapter 33 of Title 4 of the Arkansas Code of 1987 Annotated ("Act"), do hereby certify as follows:

- 1. Name. The name of this corporation shall be "GOODWILL OF ARKANSAS FOUNDATION, INC." ("Corporation").
 - 2. <u>Public Benefit Corporation</u>. This Corporation is a public benefit corporation.
- 3. <u>No Members</u>. This Corporation shall have no members, classes of membership or membership fees.

- 4. <u>Period of Existence</u>. Unless otherwise provided for herein or in the bylaws of this Corporation ("Bylaws"), the period of existence of this Corporation shall be perpetual.
- 5. <u>Purposes</u>. This Corporation is organized and shall be operated as a nonprofit corporation exclusively for charitable and educational purposes within the meaning of §501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code" and such term shall include any corresponding successor federal tax laws and Treasury regulations promulgated thereunder). In particular, this Corporation's purposes are as follows:

The Corporation is exclusively organized and operated as a supporting organization (pursuant to §509(a)(3) of the Code) of GOODWILL INDUSTRIES OF ARKANSAS, INC., an Arkansas nonprofit corporation, or its successor organization (hereinafter referred to as "Supported Organization"), as long as the Supported Organization qualifies as an exempt organization under §501(c)(3) of the Code that is not a private foundation under §509(a) of the Code, and contributions to which are deductible for income tax purposes under §170(c)(2) of the Code. The primary purpose of this Corporation is to assist the Supported Organization by providing support to the Supported Organization, either directly or indirectly, by grants and contributions to the Supported Organization. This Corporation shall engage in activities to perform the functions of, or carry out the purposes of, the Supported Organization, with such activities, but for the involvement of this Corporation, would normally be engaged by the Supported Organization.

- 6. <u>Powers</u>. This Corporation shall have and exercise all powers, privileges and rights conferred on corporations by the laws of the State of Arkansas and all powers and rights incidental to carrying out the purposes for which this Corporation is formed, except such as are inconsistent with the express provisions of the Act under which this Corporation is incorporated or these Articles of Incorporation. The enumeration of the foregoing purposes shall not be held to limit or restrict in any manner the general powers conferred on this Corporation by the laws of the State of Arkansas.
- 7. <u>Prohibitions</u>. Notwithstanding any other provision of these Articles of Incorporation to the contrary, the following restrictions and limitations shall apply to comply with the requirements imposed by §501(c)(3) of the Code:
- (a) No part of the net earnings of this Corporation shall inure or be payable to or for the benefit of any incorporator, director or officer of this Corporation, or to any other

interested individual; provided, however, reasonable compensation may be paid for services rendered to or for this Corporation, effecting one or more of its purposes.

- (b) Except as otherwise provided in §501(h) of the Code, no substantial part of the activities of this Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation and this Corporation shall not participate or intervene (including the publishing or distribution of statements) in any political campaign on behalf of (or in opposition to) any candidate for public office.
- (c) This Corporation shall not carry on any other activities not permitted to be carried on by a corporation (i) exempt from federal income tax under §501(c)(3) of the Code; or (ii) contributions to which are deductible under §170(c)(2) of the Code.
- 8. <u>Dissolution</u>. Because this Corporation is intended to have perpetual existence, it is not anticipated that this Corporation will be dissolved, however, in the event this Corporation should ever be dissolved pursuant to §§4-33-1401, et seq., of the Arkansas Code of 1987 Annotated, then upon the dissolution of this Corporation, the board of directors of this Corporation ("Board") shall, after paying or making provision for the payment of all liabilities of this Corporation, dispose of all assets of this Corporation exclusively to the Supported Organization, or, if none or not qualifying, then exclusively to such organization or organizations organized and operated exclusively for the purposes stated in Paragraph 5 above, which shall, at the time, qualify as an organization or organizations exempt under §501(c)(3) of the Code, and any articles of dissolution adopted by this Corporation shall so provide. Any of such assets not so disposed of shall be disposed of by the appropriate court of the county in which the principal office of this Corporation is located, exclusively to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.
- 9. <u>Principal Office</u>. The principal office or place of business of this Corporation shall be located at 7400 Scott Hamilton Drive, Suite 50, Little Rock, Arkansas 72209-3175.
- 10. Registered Agent & Office. The name of the initial registered agent and the street address of the initial registered office of this Corporation are stated in the original Articles of Incorporation. The name of the current registered agent and the street address of the current registered office of this Corporation are BRIAN ITZKOWITZ, 7400 Scott Hamilton Drive, Suite 50, Little Rock, Arkansas 72209-3175.
- 11. No Stock or Dividends. This Corporation shall not have or issue shares of stock and no dividends shall be paid, and no part of the income of this Corporation shall be distributed to any incorporator, director or officer of this Corporation.

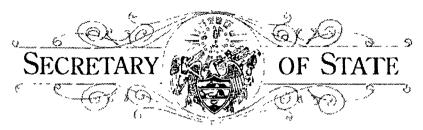
- Board of Directors. The business of this Corporation shall be conducted by the Board; provided, however, that in accordance with §4-33-801(c) of the Arkansas Code of 1987 Annotated, the Executive Committee, if any, shall have the power to transact all regular business of this Corporation during the period between the meetings of the Board, subject to any prior limitations imposed by the Board. The number of directors of this Corporation shall be determined by the Supported Organization as provided in the Bylaws; provided, however, at no time shall the number of directors of this Corporation be fewer than three (3). The terms of office of the directors of this Corporation shall be determined by the Supported Organization as provided in the Bylaws. The Board shall have the direction of the affairs of this Corporation. Bylaws may be amended and officers elected as provided in the Bylaws. The directors of this Corporation shall be permitted to hold office for more than one term by reelection.
- 13. Original Incorporators. The name and address of the original incorporators of this Corporation are stated in the original Articles of Incorporation.
- 14. Amendments. These Articles of Incorporation may be amended by the Board and the board of the Supported Organization. Unless notice is waived and unless otherwise provided in the Bylaws, this Corporation shall provide written notice to the directors of this Corporation and the directors of the Supported Organization at least seven (7) days' in advance of any meeting of the Board at which a vote is to be taken on an amendment. The notice must state that a purpose of the meeting is to consider a proposed amendment to these Articles of Incorporation, and the notice must contain or be accompanied by a copy or summary of the amendment or state the general nature of the amendment. Unless otherwise provided in the Bylaws, the amendment must be approved by a majority of the directors of this Corporation and a majority of the directors of the Supported Organization in office at the time the amendment is adopted.
- 15. <u>Liability</u>. The private property of any incorporator, director or officer of this Corporation shall not be subject to the payment of debts of this Corporation to any extent whatever. An incorporator, director or officer of this Corporation is not liable to this Corporation for monetary damages for an act or omission in such person's capacity as incorporator, director or officer, as the case may be, except to the extent otherwise provided by the Act. This Corporation may indemnify a person who was, is or is threatened to be made a named defendant or respondent in litigation or other proceedings because the person is or was an incorporator, director, officer or other person related to this Corporation as provided by the provisions in the Act governing indemnification. As provided in the Bylaws, the Board shall have the power to define the requirements and limitations for this Corporation to indemnify any incorporator, director, officer, or other related to this Corporation.

16. <u>Meeting</u>. In furtherance and not in limitation of the powers conferred by statute, this Corporation is expressly authorized to carry on its business and to hold annual or special meetings of the Board.

IN WITNESS WHEREOF, the Board has unanimously executed these Restated Articles of Incorporation this 12th day of March, 2016.

BRIAN ITZKOWITZ

STATE OF ARKANSAS



Mark Martin

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, Mark Martin, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment With Restatement

of

GOODWILL INDUSTRIES FRIENDS, INC.

changing the name to

GOODWILL OF ARKANSAS FOUNDATION, INC.

filed in this office May 6, 2016.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 6th day of May, 2016.

Mark Martin

Arkansas Secretary of State