Use Only



CHANGE OF ACCOUNTING PERIOD

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.

OMB No 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending DEC 31, 2017 C Name of organization D Employer identification number Check if applicable Address change GOODWILL INDUSTRIES OF KY, INC. Name change 61-0475284 Doing business as]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Final return/ 1325 SOUTH FOURTH STREET 502-272-1700 termin-ated 15,988,360. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return LOUISVILLE, KY 40208 H(a) Is this a group return Applica-F Name and address of principal officer AMY LUTTRELL Yes 🗴 No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) _ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.GOODWILLKY.ORG **H(c)** Group exemption number ▶ K Form of organization: x Corporation Association Trust Other > L Year of formation: 1923 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: TO HELP PEOPLE WITH DISABILITIES Governance OR OTHER DISADVANTAGES ACHIEVE AND MAINTAIN EMPLOYMENT TO GAIN A 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 2782 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 345 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VI(1, column 7a b Net unrelated business taxable income from Form 990 Turked V **Prior Year Current Year** SSC 18,718,984, 4,746,494. MAY 0 1 2018 8 Contributions and grants (Part VIII, line 1h) 41,989,830 11,082,957. Program service revenue (Part VIII, line 2g) 142,263. 147,679. 10 Investment income (Part VIII, column (A), lines 3, 4, and Z Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10d and Ne) 91,463 11,230. 60,942,540 15,988,360. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,075 3,075. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36,214,420, 10,122,437. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 189,029. **b** Total fundraising expenses (Part IX, column (D), line 25) 18 045 328 4,991,403. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,116,915. 54,304,823, 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,637,717. 871,445. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 130,674,265. 130,328,276. 20 Total assets (Part X, line 16) 34,089,386, 33,029,435. 21 Total liabilities (Part X, line 26) 97,298,841. 96,584,879. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign AMY LUTTRELL, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Paid P00024055 REBECCA L. PHILLIPS, CPA self-employed MCM CPAS & ADVISORS LLP 27-1235638 Preparer Firm's name

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LOUISVILLE, KY 40202-3445

Firm's address 462 S. FOURTH ST., SUITE 2600

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

Form 990 (2017)

X Yes

Firm's EIN

Phone no. (502)749-1900

Form	1990 (2017) GOODWILL INDUSTRIES OF KY, INC.	61-04/5284	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission		
	GOODWILL'S MISSION IS TO HELP PEOPLE WITH DISABILITIES OR OTHER		
	DISADVANTAGES ACHIEVE AND MAINTAIN EMPLOYMENT TO GAIN A BETTER QUALITY		
	OF LIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the	,	
	prior Form 990 or 990-EZ?	,	Yes X No
_	If "Yes," describe these new services on Schedule O	,	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X Yes No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	-	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
	revenue, if any, for each program service reported.		0.140.012
4a	(Code) (Expenses \$ 10,126,544. including grants of \$ 3,075.) (Reven GOODWILL INDUSTRIES OF KENTUCKY, INC.'S RETAIL PROGRAM HELPS PEOPLE	ue \$	9,140,812.)
	WITH DISABILITIES OR OTHER DISADVANTAGES OBTAIN AND MAINTAIN EMPLOYMENT		
	AT ONE OF ITS 64 STORES THROUGHOUT KENTUCKY BY PROVIDING EMPLOYMENT AND		
	TRAINING OPPORTUNITIES. OVER 591 INDIVIDUALS WERE SERVED AND MORE THAN		
	\$2.49 MILLION WAS PAID IN MISSION-RELATED WAGES BY THE RETAIL PROGRAM.		
	THE STORES SELL A VARIETY OF DONATED MERCHANDISE (DONATED BY THE		
	GENERAL PUBLIC AND BUSINESSES) TO THE COMMUNITY AT DISCOUNTED PRICES TO		
	DIVERT ITEMS FROM LOCAL LANDFILLS AND SUPPORT GOODWILL'S MISSION TO PUT		
	KENTUCKIANS TO WORK, THE STORES GENERATED FUNDING TO SUPPORT EMPLOYMENT		
	COUNSELING, EDUCATIONAL PROGRAMS, AND JOB TRAINING SERVICES THROUGH THE		
	COMMUNITY EMPLOYMENT PROGRAM. FROM OCTOBER 1, 2017 TO DECEMBER 31, 2017		
	606 PEOPLE WERE SERVED THROUGH THIS PROGRAM.		
4b		ue \$	437,758.)
-15	GOODWILL INDUSTRIES OF KENTUCKY, INC.'S SPECIALIZED WORKFORCE		,
	DEVELOPMENT PROGRAMS DELIVERED JOB PLACEMENT AND RETENTION SERVICES		
	COUNSELING, SKILLS TRAINING, ASSESSMENTS, AND JOB COACHING TO PEOPLE		
	WITH DISABILITIES OR OTHER DISADVANTAGES, ADVANCING THEIR VOCATIONAL		
	OPPORTUNITIES, AND ASSISTING THEM IN OBTAINING AND MAINTAINING		
	EMPLOYMENT, FROM OCTOBER 1, 2017 TO DECEMBER 31, 2017, THESE		
	SPECIALIZED PROGRAMS MADE 516 JOB PLACEMENTS, DELIVERED 2,496 SERVICES,		
	AND PROVIDED INFORMATION AND SERVICE REFERRALS TO 3,575 PEOPLE WHO		
	CONTACTED GOODWILL FOR ASSISTANCE		
4c	(Code) (Expenses \$	ue \$	581,262.)
	GOODWILL INDUSTRIES OF KENTUCKY, INC., OPERATES TWO FULL-SERVICE		
	STAFFING LOCATIONS IN KENTUCKY, HELPING PEOPLE WITH DISABILITIES OR		
	OTHER DISADVANTAGES FIND TEMPORARY JOBS WITH THE ULTIMATE GOAL OF		
	FULL-TIME EMPLOYMENT. THE PROGRAM, GTS STAFFING, SERVES RECENT		
	IMMIGRANTS, EX-OFFENDERS, AND PEOPLE WHO EXPERIENCE HOMELESSNESS OR		
	HAVE DISABILITIES, LIMITED EDUCATION OR WORK HISTORY, OR OTHER		
	DISADVANTAGES THAT AFFECT THEIR ABILITY TO OBTAIN AND MAINTAIN		
	EMPLOYMENT. EMPLOYMENT AT GTS STAFFING ENABLES THESE INDIVIDUALS TO		
	EARN WAGES, GAIN WORK EXPERIENCE, AND EXPERIENCE A VARIETY OF		
	EMPLOYMENT OPPORTUNITIES. FROM OCTOBER 1, 2017 TO DECEMBER 31, 2017 GTS		
	STAFFING PROVIDED 178 SERVICES AND 178 PLACEMENTS. 132 OF THESE		
	PLACEMENTS WERE IN PROGRAMS OF GOODWILL INDUSTRIES OF KENTUCKY, INC. IN		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 1,124,725. including grants of \$) (Revenue \$	923,125.)
4e	Total program service expenses ► 13,018,070.		

Form 990 (2017) GOODWILL INDUSTRIE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			i
a	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>x</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
•	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.5		
0	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>x</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
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Form 990 (2017) GOODWILL INDUSTRIES OF KY,

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
26	Schedule L, Part I	25b		<u> </u>
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
C	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		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		 -
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	اٽ ا		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u>
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- 1	,,
~=	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110-00 Fig. 1 Str. 1000 more and respanses to complete definedatio o			2017)
			(

Par	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	111	163	NO
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	···		
	· · · · · · · · · · · · · · · · · · ·	2782	[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	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 account)?	_4a		x
b	If "Yes," enter the name of the foreign country. ▶	[
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	ļ		ł
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ì		1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa			×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		x
-4	If "Yes," indicate the number of Forms 8282 filed during the year	7c		 -
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ł		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
_	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_	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.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		ļi	
D	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand]	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

61-0475284

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 O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X · Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O x 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 х х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request Another's website J Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records. MARK HOHMANN, CFO - 502-272-1700 1325 SOUTH FOURTH STREET, LOUISVILLE, KY 40208

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

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

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

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

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

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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) CHARLES F. LAMBERT III	1.00										
IMMEDIATE PAST CHAIR		X	_	_		<u> </u>		0.	0.	0.	
(2) LINDA SCHOLLE COWAN	1.00										
CHAIRPERSON		X	<u> </u>	X		ļ.,	_	0.	0.	0.	
(3) JEANNA JONES	1.00]]		1		1	
TREASURER		x		X	<u> </u>	├-		0.	0.	0.	
(4) JASON GRONECK	1.00		}	. !	}	1			_		
SECRETARY		X		Х	<u> </u>	-		0.	0.	0.	
(5) DANIEL HALL	1.00				l	l		_	_		
FIRST VICE CHAIR		X	-		<u> </u>	┞	_	0.	0.	0.	
(6) DWIGHT L. HAYGOOD, JR	1.00				l	ł			_		
BOARD MEMBER		х		_	<u> </u>	<u> </u>		0.	0.	0.	
(7) FAITH P. MERCKE	1.00				1		1				
BOARD MEMBER		X			<u> </u>	_	_	0.	0.	0.	
(8) TED SMITH	1.00				1					_	
BOARD MEMBER		х		-	_	ļ	-	0.	0.	0.	
(9) CHARLES J. KANE	1.00				1	1		_	_	_	
BOARD MEMBER		X				 	Ш	0.	0.	0.	
(10) WILLIAM STOUT	1.00			,				_	_		
BOARD MEMBER		х	-		_		\vdash	0.	0.	0.	
(11) TOM KMIECIK	1.00	_					1	_			
BOARD MEMBER		x	\vdash		_		Щ	0.	0.	0.	
(12) PAUL O'FLYNN	1.00								_ (_	
BOARD MEMBER		х	-	-				0.	0.	0.	
(13) DEBBIE MURPHY	1.00									_	
BOARD MEMBER		Х		\vdash			\vdash	0.	0.	0.	
(14) DOUGLAS EDWARDS	1.00									_	
BOARD MEMBER	40.00	x		-		-	\vdash	0.	0.	0.	
(15) AMY LUTTRELL	40.00			,				200 800		70 00	
PRESIDENT & CEO	40.00		Н	х		-	Н	339,588.	0.	79,905.	
(16) MARK HOHMANN	40.00			l,				400 500		2	
CHIEF FINANCIAL OFFICER (17) RENA SHARPE	40.00	<u> </u>	\dashv	Х			Ш	182,714.	0.	3,690.	
	40.00							400 000	_	7 400	
CHIEF OPERATING OFFICER		لـــا	ليا	Х		لبا	لــا	189,099.	0.	7,490.	

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (E) (D) Average Position (do not check more than one Name and title Reportable Reportable Estimated hours per box, unless person is both ar officer and a director/trustee) compensation compensation amount of week from from related other (list any the organizations compensation ndividual trustee or directo hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organizations and related below organizations line) (18) JOHN WADE 40.00 VICE-PRESIDENT WEST RETAIL X 177,751 0 10,681. (19) JOSHUA PIERCE 40,00 VICE-PRESIDENT EAST RETAIL x 131,570 0 21,938. (20) LORI COLLINS 40.00 VICE-PRESIDENT EAST PROGRAM SERVICES Х 156,837. 0 14,043. (21) MARSHA BERRY 40.00 VICE-PRESIDENT WEST PROGRAM SERVICES x 0 228,067 16,549. (22) DAVID COBB 40.00 VICE-PRESIDENT HUMAN RESOURCES & EXT x 185,743 0 16,424. (23) JEFF GRAMMER 40.00 DIRECTOR OF INFORMATION TECHNOLOGY х n 126,593 9,484. (24) PAUL FALKENSTEIN 40.00 DIRECTOR OF LOGISTICS AND TRANSPORTA 0 x 114,695 2,989. (25) VICKI BUDD 40.00 DIRECTOR OF HUMAN RESOURCES & ORGANI X 0 130,590 3,981. 1,963,247 0 187,174. 1b Sub-total 0 0. c Total from continuation sheets to Part VII, Section A 1,963,247. 187,174. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

compensation from the organization

Yes No X

3

4 X 11

- 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
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
DEREK ENGINEERING INC., 2800 CONSTANT	CONSTRUCTION/GENERAL	
COMMENT PLACE, LOUISVILLE, KY 40299	CONTRACTING	926,074.
ULTIMATE SOFTWARE	HR INFORMATION SYSTEM/PR	
PO BOX 930953, ATLANTA, GA 31193-0953	PROCESSING	591,703.
WORLDWIDE HAGERTY, DBA KYK MARKETING & PROM	ADVERTISING BUYING & PR	1
2600 CONSTANT COMMENT PLACE, LOUISVILLE, KY	CONSULTING	377,054.
MIRANDA CONSTRUCTION, LLC	CONSTRUCTION/GENERAL	1
828 SOUTH 6TH ST., LOUISVILLE, KY 40203	CONTRACTING	248,266.
NESCO RESOURCE		1
PO BOX 901372, CLEVELAND, OH 44190	TEMPORARY LABOR	209,497.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	T
\$100,000 of compensation from the organization	5	

GOODWILL INDUSTRIES OF KY, INC. 61-0475284 Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Giffs, Grants ilar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,746,494 similar amounts not included above 1f 4,455,781 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 4,746,494 Business Code 2 a NET RETAIL STORES SALE 453310 9,138,688 9,138,688 Program Service Revenue 1,560,187 WORKFORCE DEVELOPMENT 624310 1,560,187 CONTRACT REVENUE 561700 366,846 366,846 17,236 NET CAR SALES 453310 17,236 All other program service revenue 11,082,957 Total. Add lines 2a-2f Investment income (including dividends, interest, and 147,679 147,679. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 5,080 6 a Gross rents 0 b Less: rental expenses 5,080. c Rental income or (loss) 5,080 5,080. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code MISCELLANEOUS REVENUE 900099 6,150 6,150. 11 a

All other revenue

Total. Add lines 11a-11d

Total revenue, See instructions.

158,909.

6,150.

11,082,957.

15,988,360.

61-0475284

Form 990 (2017) GOODWILL INDUSTRIES Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	•			
	ındıvıduals See Part IV, line 22	3,075.	3,075.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		\	}	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	611,914.	257,116.	343,504.	11,294.
6	Compensation not included above, to disqualified	Į		Ì	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,825,264.	7,022,156.	759,626.	43,482.
8	Pension plan accruals and contributions (include	12 512	40.404		
_	section 401(k) and 403(b) employer contributions)	13,613.	10,194.	3,312.	107.
9	Other employee benefits	982,276.	807,594.	170,366.	4,316.
10	Payroll taxes	689,370.	622,433.	62,897.	4,040.
11	Fees for services (non-employees).				
a	Management	46,948.		46 048	
b	Legal	37,796.		46,948.	
C	Accounting	9,000.		9,000.	
a	Lobbying Professional fundraising services. See Part IV, line 17	3,000.		3,000.	
e	Investment management fees	 			 -
'	- 400 4				
g	column (A) amount, list line 11g expenses on Sch 0.)	363,290.	288,660.	69,500.	5,130.
12	Advertising and promotion	233,295.	94,150.	23,049.	116,096.
13	Office expenses	442,111.	377,803.	62,865.	1,443.
14	Information technology	145,736.	94,204.	51,532.	
15	Royalties				
16	Occupancy	1,540,678.	1,487,233.	53,445.	
17	Travel	332,236.	280,901.	48,459.	2,876.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	139,942.	139,942.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	829,836.	752,145.	77,691.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	596,028.	588,567.	7,461.	
b	EQUIPMENT RENTAL AND MA	85,290.	60,059.	25,231.	
С	AWARDS	80,413.	74,680.	5,665.	68.
d	SPECIFIC ASSISTANCE	59,363.	50,815.	8,411.	137.
е	All other expenses	49,441.	6,343.	43,058.	40.
25	Total functional expenses. Add lines 1 through 24e	15,116,915.	13,018,070.	1,909,816.	189,029.
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.	ĺ	1		
	Check here If following SOP 98-2 (ASC 958-720)				F 990 (9947)

Form 990 (2017)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
		Oncor in Consocial of Consocial Cons	io to ui	ly wite in this race.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,200,052.	1	4,321,256.
	2	Savings and temporary cash investments	Ī	2,527,142.	2	2,377,481.	
	3	Pledges and grants receivable, net	572,301.	3	734,788.		
	4	Accounts receivable, net		Ī	719,895.	4	735,913.
	5	Loans and other receivables from current and fo	ormer c	officers, directors,			
	}	trustees, key employees, and highest compensations		1			
	l	Part II of Schedule L		,		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
	Ì	section 4958(f)(1)), persons described in section					
	1	employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary		1 1	
Ş	•	employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		1		7	
ä	8	Inventories for sale or use		Ī	2,461,778.	8	2,664,849.
	9	Prepaid expenses and deferred charges		Ţ	692,294.	9	783,869.
	10a	Land, buildings, and equipment: cost or other	1 1	<u> </u>			
	}	basis. Complete Part VI of Schedule D	10a	101,860,251.		<u> </u>	
	ь	Less. accumulated depreciation	10b	29,762,233.	71,404,002.	10c	72,098,018.
	11	Investments - publicly traded securities			35,749,912.	11	46,262,748.
	12	Investments - other securities. See Part IV, line	11		293,565.	12	296,030.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	[14		
	15	Other assets See Part IV, line 11	53,324.	15	53,324.		
	16	Total assets. Add lines 1 through 15 (must equ	al line (34)	130,674,265.	16	130,328,276.
	17	Accounts payable and accrued expenses		Ĺ	5,177,569.	17	4,483,616.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue		Ĺ	 	19	
	20	Tax-exempt bond liabilities			28,432,473.	20	27,998,510.
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,		1	
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
jab.		Complete Part II of Schedule L		Ļ		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties	 	24	
	25	Other liabilities (including federal income tax, pa		•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	479,344.	25	547,309.		
	26	Total liabilities. Add lines 17 through 25		 	34,089,386.	26	33,029,435.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🗓 and			1
ses		complete lines 27 through 29, and lines 33 an	d 34.	-	06 420 361		07.110.226
lan	27	Unrestricted net assets		<u>}</u>	96,430,361.	27	97,119,336.
Ва	28	Temporarily restricted net assets	L	100,583.	28	125,570.	
pur	29	Permanently restricted net assets	00 05		53,935.	29	53,935.
편		Organizations that do not follow SFAS 117 (A	SC 950	3), check here		Ì	
ğ,	20	and complete lines 30 through 34.		}.			
set	30	Capital stock or trust principal, or current funds		-4 6 d		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq		F-		31	
Sel	32	Retained earnings, endowment, accumulated in	come,	or other funds	96,584,879.	32	97,298,841.
	33	Total habilities and not assets (fund balances		}	130,674,265.	33	130,328,276.
	34	Total liabilities and net assets/fund balances			130,019,203.	34	130,320,270.

Form	1990 (2017) GOODWILL INDUSTRIES OF KY, INC.	61-0475	284	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15	5,988	,360.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,116	,915.
3	Revenue less expenses. Subtract line 2 from line 1	3		871	,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9€	5,584	,879.
5	Net unrealized gains (losses) on investments	5		-157	,483.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	97	,298	,841.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_	1	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	!	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		1	}	}
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	├	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	- }	1	1
	consolidated basis, or both		1	Ì	
	Separate basis Consolidated basis Both consolidated and separate basis			ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	├	}
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		Į		ļ
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		·	
1-	Act and OMB Circular A-133?		3a	├	 ^- -
ø	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why up Schoolide O and describe any stops taken to undergo such audits.	irea auait	31-	1	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			LL INDUSTRIES C						1-0475284	
Par	tT	Reason for Public	Charity Status (All organizations must c	omplete th	ııs part) S	ee instruction	S.		
The o	rgan	ization is not a private found A church, convention of ch A school described in sect A hospital or a cooperative A medical research organizaty, and state.	nurches, or association tion 170(b)(1)(A)(ii). (hospital service org	on of churches describe Attach Schedule E (Forr anization described in s	d in sectio n 990 or 9 e ction 17 0	on 170(b)(90-EZ)))(b)(1)(A)(i	1)(A)(i). iii).)(iii). Enter	the hospital's name,	
5 [6 [7 [8 [9 [x	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or								
10 [11 [12 [a b	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investme income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.							t from gross investment after June 30, 1975 e purposes of one or Check the box in giving supporting aving poorted ed with,		
	Prov	requirement (see instruct Check this box if the orga functionally integrated, o if the number of supported or ide the following information Name of supported organization	anization received a r Type III non-functio organizations	written determination fro nally integrated support	om the IRS	that it is a		monetary	(vi) Amount of other support (see instructions)	
Total										

Section A. Public Support

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not	1								
	ınclude any "unusual grants ")	7,537,195.	7,132,566.	17,052,649.	18,718,984.	4,746,494.	55,187,888.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to	ļ								
	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	7,537,195.	7,132,566.	17,052,649.	18,718,984.	4,746,494.	55,187,888.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly	i								
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,	Ì	ì							
	column (f)		l							
6	Public support. Subtract line 5 from line 4						55,187,888.			
Se	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	7,537,195.	7,132,566.	17,052,649.	18,718,984.	4,746,494.	55,187,888.			
8	Gross income from interest,									
	dividends, payments received on			Ţ						
	securities loans, rents, royalties,		ŀ							
	and income from similar sources	123,204.	149,317.	227,750.	346,936.	152,759.	999,966.			
9	Net income from unrelated business									
	activities, whether or not the					Ì				
	business is regularly carned on									
10	Other income. Do not include gain									
	or loss from the sale of capital		Į			ļ				
	assets (Explain in Part VI.)	16,268.	26,886.	15,933.	69,383.	6,180.	134,650.			
11	Total support. Add lines 7 through 10						56,322,504.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12	11,082,957.			
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
_	organization, check this box and stop									
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2017 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	97.99 %			
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.05 %			
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo				
	stop here. The organization qualifies		-				\mathbf{x}			
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac					t VI how the organ	zation			
	meets the "facts-and-circumstances"	=		• • •	•					
b	10% -facts-and-circumstances test						10% or			
	more, and if the organization meets th									
	organization meets the "facts-and-circ			· ·	-		▶Щ			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
					Sche	dule A (Form 990	or 990-EZ) 2017			

Schedule A (Form 990 or 990 EZ) 2017 GOODWILL INDUSTRIES OF KY INC. 61-0475284 Page 3 Part III | 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 Calendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check,this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 %

18 Investment income percentage from 2016 Schedule A, Part III, line 17

%

18

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- c 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)
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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•	bid the organization provide to each or its supported organizations, by the last day of the little month of the	ŀ		1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Ì		Ì
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ļ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	- 1	ł	1
	Secretary and the secretary and the secretary of the secretary and		1	

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

The organization satisfied the Activities Test Complete line 2 below.

D	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	:)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	_	
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these	·		
	activities but for the organization's involvement.	2b_		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		

3

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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	1 1		
	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		T
Sect	ion 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		
е	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	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
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			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

	Type in item i anotheriany integrated ooc	(d)(o) Supporting Org	dilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			l
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which ti	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			L
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions		L	
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7. \$\$	_		<u> </u>
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			L
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions]
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			
			C-1-4-1-A	(Farm 000 at 000 EZ) 0047

Schedule A (Form 990 or 990-EZ) 2017 GOODWILL INDUSTRIES OF KY, INC.	61-0475284	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional sections.	s 1 and 2; Part IV, Secti rt V. Section B. line 1e. F	on C.
PART II, SHORT YEAR EXPLANATION:		
		
THE CURRENT YEAR IS A SHORT YEAR BEGINNING 10/01/2017 THROUGH		
12/31/2017.		
		
		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organization	ations. Complete Part III.			
	ne of organization			Empl	oyer identification number
		INDUSTRIES OF KY, INC.			61-0475284
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political campa	litures	ıcal campaıgn activities		
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c))(3)	
	Enter the amount of any excise tax			▶ \$	
	Enter the amount of any excise tax	, ,			
3	If the organization incurred a secti	• •	=	- Ψ	Yes No
	Was a correction made?	•	o for this your:		Yes No
	of "Yes," describe in Part IV.				
		ganization is exempt un	der section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expende				
	Enter the amount of the filing orga	, , ,	•	•	
	exempt function activities		ŭ		
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL	· - :	
	line 17b			▶\$	
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No
5	Enter the names, addresses and e	mployer identification number (E	EIN) of all section 527 pe	olitical organizations to whic	h the filing organization
	made payments. For each organiz				
	contributions received that were p	romptly and directly delivered to	o a separate political org	ganization, such as a separa	te segregated fund or a
	political action committee (PAC). If	f additional space is needed, pro	ovide information in Part	t IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		1	į.	filing organization's	contributions received and
		i	<u> </u>	funds. If none, enter -0-	promptly and directly delivered to a separate
)			political organization.
		1	ĺ	1	If none, enter -0-
		 	- 		
		 		 	
				 	
				-	

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017					61-04		Page 2
Part II-A Complete if the or	rganizatio	on is exe	mpt under secti	on 501(c)(3) and fil	ed Form 5768 (e	lection u	nder
expenses, and sh	are of exces	ss lobbying	expenditures).	in Part IV each affiliated	group member's nar	me, address,	EIN,
			nd "limited control" p	rovisions apply.	(a) Filing	(b) Affiliat	ed group
	nits on Lobi nditures" m		nditures ints paid or incurred	l.)	organization's totals	tota	
1a Total lobbying expenditures to in	ıfluence pub	lic opinion (grass roots lobbying)				
b Total lobbying expenditures to in	ifluence a le	gislative bo	dy (direct lobbying)			<u> </u>	
c Total lobbying expenditures (add	l lines 1a an	d 1b)					
d Other exempt purpose expenditu	ures				<u></u>	<u> </u>	
e Total exempt purpose expenditu	res (add line	s 1c and 1	d)	•			
f Lobbying nontaxable amount. Er	nter the amo	unt from th	e following table in bo	oth columns.			
If the amount on line 1e, column (a) or (b) is:	The lob	bying nontaxable ar	nount is:			
Not over \$500,000		20% of	the amount on line 1	9			
Over \$500,000 but not over \$1,0	000,000	\$100,00	00 plus 15% of the ex	cess over \$500,000.			
Over \$1,000,000 but not over \$1	,500,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.	•	1	
Over \$1,500,000 but not over \$1				ess over \$1,500,000			
Over \$17,000,000		\$1,000,				1	
g Grassroots nontaxable amount (enter 25% o	f line 1f)					
h Subtract line 1g from line 1a If z	ero or less, e	enter -0-					
i Subtract line 1f from line 1c If ze	ero or less, e	nter -0-					
j If there is an amount other than :	zero on eithe	er line 1h or	line 1i, did the organi	zation file Form 4720			
reporting section 4911 tax for the						Yes	☐ No
	that made	a section 5	eraging Period Unde 01(h) election do no ate instructions for l	t have to complete all	of the five columns l	pelow.	
		 _		ear Averaging Period			
Calendar year (or fiscal year beginning in)	(a) :	2014	(b) 2015	(c) 2016	(d) 2017	(e) T	otal
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column(e))					 		
c Total lobbying expenditures					 		
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2017 GOODWILL INDUSTRIES OF KY, INC. 61-0475284 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	1 (a)	(t	
	e lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter	1			
	or referendum, through the use of				•
а	Volunteers?		х		,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
C	Media advertisements?		x		
d	Mailings to members, legislators, or the public?		х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	Ļ 	
j	Other activities?	X			11,455.
j	Total. Add lines 1c through 1i	<u></u>	<u> </u>	<u></u>	11,455.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	 	
	If "Yes," enter the amount of any tax incurred under section 4912		}		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u>. L </u>			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6).			 -	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1_1_	 '	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	_	2		<u> </u>
3 ID2:	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect			otion.	
rai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				10 2 is
	answered "Yes."	ı 140, C	n (b) Fai	· 111-74, 111	IC 3, 15
1	Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	iool	<u> </u>	 _	
2	expenses for which the section 527(f) tax was paid).	icai	}		
•	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	,000C	-3-		
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	n list): Part I	J-Δ lines 1 :	and 2 (see	
	uctions), and Part II-B, line 1 Also, complete this part for any additional information.	p not, r arri	171, 11100 11	114 E (500	
	! II-B, LINE 1, LOBBYING ACTIVITIES:				
DEVE	ELOPMENT AND GENERATION OF SUPPORT FOR:				
1) [EGISLATION DESIGNED TO FOSTER EMPLOYMENT OF PERSONS WITH				
DISA	BILITIES OR OTHER DISADVANTAGES AT THE STATE AND FEDERAL LEVELS OF				
GOVE	CRNMENT.				
2) I	EGISLATION REGULATING DONATED CLOTHING BOXES AT THE LOCAL LEVEL OF				

Schedule C (Form 990 or 990-EZ) 2017 GOODWILL INDUSTRIES OF KY, INC.	61-0475284	Page 4
Part IV Supplemental Information (continued)		
GOVERNMENT.		
3) LEGISLATION INCREASING SUPPORT FOR ADULT EDUCATIONAL OPPORTUNITIES		
IN KENTUCKY,	 	
		
		
		
		
		
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF KY INC

Employer identification number 61-0475284

Schedule D (Form 990) 2017

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	· · · ·
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa		ganization answered "Yes" on Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified i	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
-	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	, , , , , , , , , , , , , , , , , , ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
	▶\$,	
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)((B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items.		_
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 1	-	•
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		> \$

	date b (Ferrit dee)	DUSTRIES OF KY				- 011		61-0475			age 2
Pai	t III Organizations Maintaining C									<u></u>	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a s	significant	use of its	collection	ı ıtem	s
	(check all that apply)										
а	Public exhibition	d	ווייי	oan or exc	hange progra	ams					
b	Scholarly research e Other										
C	Preservation for future generations						·				
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	ion's exe	mpt purp	ose in Pai	t XIII		
5	During the year, did the organization solicit of			-	-						
	to be sold to raise funds rather than to be mi								Yes		No
Pai	t IV Escrow and Custodial Arran					"Yes" or	Form 99	0. Part IV.			
	reported an amount on Form 990, Pa			9				-,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diany for o	contribution	s or other as	sets no	Included				
	on Form 990, Part X?		, 101 t	oon in barion	.5 0, 01,10, 00	30013110	· inoladec	· _	Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowna +	ablo				L	J 163	<u> </u>	, 140
D	ires, explain the arrangement in Fart All	and complete the lo	nowing t	abie.					A		
	Danis de la						<u> </u>	 	Amount		
C .	Beginning balance						1c	 			
	Additions during the year						1d	 			
е	Distributions during the year						1e	 			
f	Ending balance						1f	L			
	Did the organization include an amount on F						-	Ĺ	J Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Pai	t V Endowment Funds. Complete								,		
		(a) Current year	(b) Pr	rior year	(c) Two year			years back	(e) Four		
1a	Beginning of year balance	258,018.		239,752.	10:	2,091.		104,263.	L	89,	220.
b	Contributions				17:	2,677.					
C	Net investment earnings, gains, and losses	2,292.		29,127.		4,131.	-3,226			7,	543.
đ	d Grants or scholarships										
е	Other expenditures for facilities										
	and programs		i	10,861.	3 :	9,147.	1,0			7,	500.
f	Administrative expenses										
g	End of year balance	260,310.		258,018,	239	9,752.		102,091.		104,	263.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1c	r column (a							
	Board designated or quasi-endowment	72,23	%	,,	,,,						
	Permanent endowment 7.05	%	- '`								
	Temporarily restricted endowment	20.72 %									
	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		otion tha	t ara hald a	ad advana.		h				
Ja		ssion of the organiza	alion ma	t are nelu a	nu auministe	erea for a	ne organi	Zation	r	V1	No.
	by:								$\overline{}$	Yes	No
	(i) unrelated organizations								3a(i)	^ +	 _
	(ii) related organizations								3a(ii)	-+	<u> </u>
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par											
	Complete if the organization answered			, line 11a. S	ee Form 990), Part X,	line 10				
	Description of property	(a) Cost or of		(b) Cost			ccumulat		(d) Book	value)
		basis (ınvestn	nent)	basis (other)	de	preciation				
1a	Land	2,46	4,974.	20	,645,794.				23,	110,	768.
b	Buildings			56	,560,948.		15,020	,424.	41,	540,	524.
c	c Leasehold improvements										
	Equipment			14	,962,028.		11,537	018.	3 ,	425,	010.
	Other				,226,507.		3,204			021,	
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum							098,	
- 7.4			,		``						

Schedule D	(Form 990) 2017 GOODWILL INDUSTRE	ES OF KY, INC.		61-0475284	Page
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market va	alue
	al derivatives				
	held equity interests				
(3) Other		L			
(A)		 -			
(B)					
(C)					
(D)				 	
(E)					
				 	
(G)					
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
T dit VIII	Complete if the organization answered "Yes"	on Form 990 Port IV	line 11e See Form 000 Best V li	10	
	(a) Description of investment	(b) Book value		Cost or end-of-year market va	alue
(1)		(-)	(0)	o o o o o o o o o o o o o o o o o o o	
(2)					
(3)					
(4)			· -		
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, lir	ne 15.	
	(a)	Description		(b) Book valu	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	ımn (b) must equal Form 990, Part X, col. (B) line	15)		+	
Part X	Other Liabilities.	: 13.)		<u> </u>	
<u> </u>	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11a or 11f See Form 990 Pa	rt Y line 25	
1	(a) Description of liability	1	(b) Book value	71 X, III 6 25	
	deral income taxes				
	r UI RESERVE		307,736.		
	FERRED COMPENSATION		239,573.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		1			
	ımn (b) must equal Form 990, Part X, col. (B) line	25.)	547,309.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2017 GOODWILL INDUSTRIES OF KY, INC.		61-0475284	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	7	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII)	2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses po		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	•	J. 110101111	
		<u> </u>		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما		
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	- -	
С	Other losses	2c	→ 1	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pai	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b, Part V, lin	e 4; Part X, line 2, Pa	ırt XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			
PART	V, LINE 4:			
				
THE	PERMANENT ENDOWMENT IS MADE UP OF TWO COMPONENTS. BOTH PROV	IDE		
INVE	STMENT GROWTH AND INCOME FUNDS THAT ARE TO BE USED TOWARDS 1) TUITION		
FOR	SCHOLARSHIP ASSISTANCE FOR PERSONS WITH DISABILITIES; AND 2)			
OPER	ATIONAL NEEDS THAT ASSIST IN THE FULFILLMENT OF THE COMPANY'S	s MISSION.		
				
			 	
				
				

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES OF KY, INC.

Questions Regarding Compensation

Employer identification number

61-0475284

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			١.
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			,
	First-class or charter travel Housing allowance or residence for personal use	}		1
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			!
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
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 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 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			,
-	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract	1		ł
	Independent compensation consultant X Compensation survey or study			1
	Form 990 of other organizations X Approval by the board or compensation committee			
	To most or other organizations — Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l ,
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of:			ł
а	The organization?	5a		x
	Any related organization?	5b		x
_	If "Yes" on line 5a or 5b, describe in Part III.	F==-		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			:
-	contingent on the net earnings of			
а	The organization?	6a	X	j
	Any related organization?	6b		x
~	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			1
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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 in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		
LHA		edule J (Forr	n 990	2017

Page 2

61-0475284

Schedule J (Form 990) 2017 GOODWILL INDUSTRIES OF RY, INC.

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

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

		(B) Breakdown of W-2 and/	N-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation	Denemis	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
			compensation	compensation				
(1) AMY LUTTRELL	ε	309,733.	29,855.	0.	69,479.	10,426.	419,493.	0
PRESIDENT & CEO	€	0	0	0	0	0	0	0
(2) MARK HOHMANN	Ξ	155,804.	26,910.	0.	615.	3,075.	186,404.	0
CHIEF FINANCIAL OFFICER	Ξ	0	0	0.	0	0.	0	0
(3) RENA SHARPE	ε	168,016.	21,083.	0	0	7,490.	196,589.	0
CHIEF OPERATING OFFICER	€	0	0	0	0	0	0	0
(4) JOHN WADE	Ξ	171,152.	6,599.	0.	841.	9,840.	188,432.	0,
VICE-PRESIDENT WEST RETAIL	€	0	0	0	0	0	0	0
(5) JOSHUA PIERCE	Ξ	126,062.	5,508.	0	420.	21,518.	153,508.	0.
VICE-PRESIDENT EAST RETAIL	Ξ	0	0	0	0	0	0	0
(6) LORI COLLINS	Ξ	129,027.	27,810.	0	833.	13,210.	170,880.	0
VICE-PRESIDENT EAST PROGRAM SERVICES (II)	3	0	0	0	0	0	0	0
(7) MARSHA BERRY	€	178,994.	49,073.	0	892.	15,657.	244,616.	0
VICE-PRESIDENT WEST PROGRAM SERVICES (II)	€	0	0	0	0	0	0	0.
(8) DAVID COBB	ε	169,692.	16,051.	0	. 126	15,467.	202,167.	0.
VICE-PRESIDENT HUMAN RESOURCES & EXT (ii)	<u> </u>	0.	0	0	0.	0.	0	0.
	ϵ							
1	▣							
	Ξ							
1	<u> </u>							
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				r L			Schedu	Schedule J (Form 990) 2017

Schedule J (Form 990) 2017 GOODWILL INDUSTRIES OF KY, INC.	61-0475284 Pag	Page 3
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.	this part for any additional information.	
PART I, LINE 4B:		
GOODWILL OF KENTUCKY OFFERS A SUPPLEMENTAL RETIREMENT PLAN TO CERTAIN		
EXECUTIVES OF THE ORGANIZATION. THE VALUE OF THE PLAN IS DETERMINED		
ANNUALLY BASED UPON A COMBINATION OF EMPLOYER CONTRIBUTIONS AND AN ANALYSIS		}
OF THE PLAN. AMY LUTTRELL, PRESIDENT & CEO, PARTICIPATED IN THIS PLAN		1
DURING 2017, THE CHANGE IN THE PLAN VALUE FOR MS. LUTTRELL WAS \$67,965.		
		;
PART I, LINE 6:		
GOODWILL INDUSTRIES OF KENTUCKY, INC. HAS AN INCENTIVE COMPENSATION PLAN		
WHICH IS PART OF THE OVERALL COMPENSATION PROGRAM, THE GOAL OF THE PLAN IS		ł
TO FOCUS ECONOMIC INCENTIVES ON PROGRAM RESULTS AND THE AREAS IN WHICH		
GOODWILL OPERATES PROGRAMS, THE PLAN FOCUSES ON OBTAINING THE		
ORGANIZATION'S MISSION AND THE ECONOMIC STABILITY OF THE COMPANY, OFFICER		
PARTICIPANTS MAY EARN UP TO 20% ABOVE THEIR BASE PAY BY MEETING SIX		
ESTABLISHED CRITERIA RELATED TO: MISSION WAGES, PLACEMENTS OF PERSONS WITH		
DISABILITIES OR OTHER DISADVANTAGES, AGENCY ECONOMIC STABILITY, THE DONATED		}
GOODS PROGRAM SUCCESS, DIVISION (AREAS OF PARTICIPANTS' RESPONSIBILITY)		
ECONOMIC SUCCESS, AND MAINTENANCE OF PROPERTIES AND EQUIPMENT. THE AGENCY		}
ECONOMIC STABILITY AND DIVISION SUCCESS ENTAILS MEETING FISCAL YEAR NET		
	Schedule J (Form 990) 2017	2017

Schedule J (Form 990) 2017 GOODWILL INDUSTRIES OF KY, INC. 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.	rage 5.	
LLC'S NET EARNINGS GOAL/BUDGET AMOUNTS.		
	Schedule J (Form 990) 2017	

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047 Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
∴h to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Yes No (g) Defeased (h) On behalf (i) Pooled financing **Employer identification number** × ŝ ž Yes No ۵ of issuer × 61-0475284 Yes Yes ž × Yes ŝ ŝ (f) Description of purpose ပ REFUNDING OF 2007 AND Yes Yes 2010 BONDS ŝ ŝ 8 265,000. Yes Yes (e) Issue price 35 7,266,490 35,265,000 35,265,000 × × ŝ ŝ 2013 (d) Date Issued ⋖ Yes Yes 12/19/13 × × (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of NONE Was the organization a partner in a partnership, or a member of an LLC, INC. (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 51-0662393 GOODWILL INDUSTRIES OF KY, ▶ Attach to Form 990. which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds A CITY OF LYNDON, KENTUCKY (a) Issuer name Part III Private Business Use Other unspent proceeds Amount of bonds retired Total proceeds of Issue Other spent proceeds Name of the organization Bond Issues Part II Proceeds Department of the Treasury Internal Revenue Service Part I ო 9 ∞ 0 8 ပ 9 12 5 4 5 9 Ŧ

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.38

bond-financed property?

Schedule K (Form 990) 2017

Schedule K (Form 990) 2017	GOODWILL INDUSTRIES OF KY, INC.			61-04752	5284				Page 2
Part III Private Business Use (Continued)	(Continued)								
		V		80					
3a Are there any management	3a Are there any management or service contracts that may result in private	Yes	N _O	Yes	Ž	Yes	Ž	Vec	2

Part III Private Business Use (Continued)								
	V		8			S	_	٥
3a Are there any management or service contracts that may result in private	Yes	°N	Yes	No	Yes	No	Yes	°N
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government		%	_	%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another				-				
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		8
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1,141-12 and 1,145-2?	×							
Part IV Arbitrage			ı					
	A		8		0		٥	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _o	Yes	£	Yes	ŝ
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?			į					
a Rebate not due yet?		×						
b Exception to rebate?		×						
c No rebate due?	x				!			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								;
732122 10-18-17						Sch	Schedule K (Form 990) 2017	m 990) 2017
) (

Schedule K (Form 990) 2017 GOODWILL INDUSTRIES OF RY, INC.	ı	61-0	61-0475284	;			Page 3
(pən							
	A		В		ပ	۵	
	Yes No	Yes	N _o	Yes	S.	Yes	Se l
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	×						
b Name of provider							
c Term of GIC						ļ	}
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6 Were any gross proceeds invested beyond an available temporary period?	×						
7 Has the organization established written procedures to monitor the requirements of	 						
section 148?	×						i
Part V Procedures To Undertake Corrective Action							
	•	 	a		٥		
	-	 - -		1		ı	
	Yes	Yes	SZ	Yes	S.	Yes	ON I
Has the organization established written procedures to ensure that violations of							
federal tax requirements are timely identified and corrected through the voluntary							
closing agreement program if self-remediation isn't available under applicable	_						
canalations?	×						
ייפטייניין							
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	s on Schedule K. See ins	tructions					
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732123 10-18-17					no o	Schedule K (Form 990) 2017	71.02. (D&& III

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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

Name of the organization							Emp	loyer	ident	ificati	on nu	ımber
	OODWILL INDU							04752	284			
Part I Excess Bene	efit Transacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)(29) organization	ns only)				
Complete if the c	organization ansv	wered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25t	o, or Form 990-EZ, P	art V, I	ine 40)b.			
1 (a) Name of disqualified p	(b) F	Relationship bet			ified	None wetter of two		_		(d)	Corre	cted?
(a) Name of disqualified p	berson	person and or	rganız	ation	,,	c) Description of tran	Isaction	() 		Y	es	No
											_	
					<u></u>	- -						
2 Enter the amount of tax	incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year under						
section 4958							!	> \$				
3 Enter the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization		J	> \$			_	
Part II Loans to and	d/or From Int	erested Per	SONS		·						-	
					Dard V June 00 a cu I	000 D-+ N/ L-		41.				
	organization ansv ount on Form 990				, Part V, line 38a or I	rorm 990, Part IV, IIn	ie 26; c	or ii tri	e orga	anizatio	on	
(a) Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g)	ln.	(h) Ap	proved ard or	63 V	Vritten
interested person	with organization	of loan		n the zation?	principal amount	(I) Dalarice due	defa		by boo	ard or	agree	ement?
·				From			Yes	No	Yes	_	Yes	No
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					· ·		\Box					
Total					\$							
Part III Grants or As	sistance Ber	nefiting Inter	reste	d Pei	rsons.					<u>-</u>		
Complete if the c	organization ansv	vered "Yes"_on	Form 9	990, Pa	art IV, line 27.							
(a) Name of interested p	person ((b) Relationship			(c) Amount of	(d) Type) Purp		f
	ļ	interested pers the organiza		d	assistance	assistan	ce	- 1	â	assista	ınce	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Open To Public Inspection

GOODWILL INDUSTRIES OF KY, INC. Part | Types of Property

Employer identification number 61-0475284

- 4	1,700	or reporty									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	nor	(d) Method of de ncash contribu	etermir	-	ts
1	Art - Works of	art									
2	Art - Historical	treasures									
3	Art - Fractional	interests									
4	Books and pul	olications									
5	· ·	ousehold goods	x		4,:	188,491.	FMV				
6	Cars and other		х	326		133,645.	FMV				
7	Boats and plan	nes									
8	intellectual pro										
9	Securities - Pu	•									
10		osely held stock									
11		rtnership, LLC, or									
-	trust interests	, , , , , , , , , , , , , , , , , , ,	}		1						
12	Securities - Mis	scellaneous									
13		ervation contribution -									
	Historic structi										
14	Qualified cons	ervation contribution - Other									
15	Real estate - R										
16	Real estate - C										
17	Real estate - O	ther									
18	Collectibles										
19	Food inventory	•									
20	Drugs and med										
21	Taxidermy								-		
22	Historical artifa	acts									
23	Scientific spec										
24	Archeological a										
25	Other ► ()									
26	•)									
27	Other ► (;									
28	Other ► (;									
29		ms 8283 received by the organi	zation during	the tax vear for c	ontributions						
		rganization completed Form 82				29				0	
										Yes	No
30a	During the yea	r, did the organization receive by	v contributio	n any property rep	orted in Part I. line	es 1 throu	ah 28. th	nat it			
		at least three years from the date							[. !
		ses for the entire holding period							30a	~~~	X
b		be the arrangement in Part II									
31		nization have a gift acceptance j	policy that re	equires the review	of any nonstandar	d contribu	tions?		31		X
		nization hire or use third parties	=		-		= :				
	contributions?			J :	,, a. doi				32a	x	ľ
b	If "Yes," descri	be in Part II									
33		tion didn't report an amount in c	olumn (c) fo	r a type of property	v for which column	ı (a) ıs che	cked.				,
-	describe in Pai		(-,);	,	,_,	-·			1	
LHA		ork Reduction Act Notice, see	the Instruc	tions for Form 990	D.			Schedule N	l (Forn	n 990)	2017

Part II	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.
SCHEDULE	M, LINE 32B:
GOODWILL	INDUSTRIES OF KY, INC WILL OCCASIONALLY USE INDEPENDENT THIRD
PARTY AUC	CTION HOUSES TO SELL SURPLUS DONATED VEHICLES.
	
	,
	
	
	
	
	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization GOODWILL INDUSTRIES OF KY, INC.	Employer identification number 61-0475284
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
BETTER QUALITY OF LIFE THROUGH JOB CREATION, PLACEMENT, AND OTHER	
TRAINING.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE GOODSHRED SECURE DOCUMENT DESTRUCTION PROGRAM WAS DISCONTINUED.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
ADDITION, GTS STAFFING HELPED MOVE 24 INDIVIDUALS FROM TEMPORARY	
EMPLOYMENT TO PERMANENT POSITIONS WHILE PAYING OVER \$366,800 IN	
MISSION-RELATED WAGES.	
	·
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GOODWILL INDUSTRIES OF KENTUCKY, INC. (GOODWILL) EMPLOYS PERSONS TO	
PROVIDE JANITORIAL AND CUSTODIAL SERVICES UNDER CONTRACTS. THESE	
SERVICES ARE PERFORMED WITH A WORKFORCE COMPRISED OF MORE THAN 85% OF	
PERSONS WITH SIGNIFICANT DISABILITIES. THIS PROGRAM IS CONSISTENT WITH	
GOODWILL'S MISSION. THESE CONTRACTS EMPLOYED 33 PERSONS, AND PAID	
\$150,184 IN MISSION-RELATED WAGES.	
EXPENSES \$ 362,251. INCLUDING GRANTS OF \$ 0. REVENUE \$ 355,863.	
GOODWILL INDUSTRIES OF KENTUCKY, INC. CARS TO WORK PROGRAM HELPS PEOPLE	
WITH DISABILITIES OR OTHER DISADVANTAGES OBTAIN AFFORDABLE	
PROGRAM ARE USED VEHICLES, PURCHASED BY OR DONATED TO CARS TO WORK.	
THOSE VEHICLES THAT ARE NOT SUITABLE FOR USE DIRECTLY BY	·

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization GOODWILL INDUSTRIES OF KY, INC.	Employer identification number 61-0475284
PROCESS FOR COMPENSATION BY ANNUALLY REVIEWING THE COMPENSATION FOR THE	
PRESIDENT/CEO AND OTHER DISQUALIFIED POSITIONS. THE EXECUTIVE COMMITTEE	
ENGAGES AN OUTSIDE CONSULTANT TO PROVIDE COMPARITIVE DATA. THE COMMITTEE	
THEN PRESENTS ITS RECOMMENDATIONS FOR THE CEO'S COMPENSATION AND THE	
COMPENSATION LIMITS OF OTHER DISQUALIFIED POSITIONS TO THE FULL BOARD OF	
DIRECTORS FOR REVIEW AND APPROVAL.	
	
FORM 990, PART VI, SECTION C, LINE 19:	
IN AN EFFORT TO MAKE ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC,	
GOODWILL INDUSTRIES OF KENTUCKY, INC. PLACES THE 990 TAX RETURN AND ANNUAL	
REPORT ON ITS WEBSITE. THE ANNUAL REPORT IS ALSO BROADLY DISTRIBUTED IN	
COMMUNITIES IN WHICH THE COMPANY OPERATES. GOVERNING DOCUMENTS AND THE	
CONFLICT OF INTEREST POLICY ARE PROVIDED TO THOSE WHO REQUEST THEM.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

2017	

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 61-0475284 SOODWILL INDUSTRIES OF SOODWILL INDUSTRIES OF 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. KY, INC 10,063.KY, INC End-of-year assets 10,261 **©** 0 ٥. Total income Ð Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) CENTUCKY KENTUCKY Primary activity MISSION EMPLOYMENT MISSION EMPLOYMENT GOODWILL INDUSTRIES OF RY, INC. LLC - 75-3157787 GOODWILL TEMPORARY SERVICES OF KENTUCKY, 61-1316311, 1325 SOUTH FOURTH STREET, Name, address, and EIN (if applicable) of disregarded entity GOODWILL INDUSTRIES WORKS, LLC 1325 SOUTH FOURTH STREET 40208 LOUISVILLE, KY 40208 Name of the organization LOUISVILLE, KY Part

(6)	on 512(b)(13) ontrolled	entity?	oN s	_				 _					
 	 		Yes	L	_		_	 	_	 	_	_	_
£	Direct												
(e)	Public charity	status (if section	501(c)(3))										
9	Exempt Code	section				_							
(0)	Legal domicile (state or	foreign country)											
(q)	Primary activity												
(a)	Name, address, and EIN	of related organization											

Schedule R (Form 990) 2017

Page 2

61-0475284

Schedule R (Form 990) 2017 GOODWILL INDUSTRIES OF KY, INC

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 Part III

General or Percentage managing ownership Schedule R (Form 990) 2017 Section 512(b)(13) controlled entrly? 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 Yes No ड Percentage ownership Yes 5 Ξ Code V-UBI amount in box 720 of Schedule 2. K-1 (Form 1065) Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total income ε Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
Direct controlling entity Predominant income (related, unrelated, excluded from tax under, sections 512-514) <u>e</u> Legal domicile (state or foreign country) Q (d)
| Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 732162 09-11-17 Part IV

Ξ

Schedule R (Form 990) 2017 GOODWILL INDUSTRIES OF KY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	sion for certain inve	estment partnerships						
(a)	(q)		(a) (b)	€	(6)	(H)	(0)	(0)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related, inrelated, inrelated, income 501(c)(3)	Share of		Dispropor-	Code V-UBI	General or managing	Percentage
סו פוותוא		(state or foreign country)	excluded from tax under sigs?	total	end-or-year assets	allocations?	of Schedule K-1 (Form 1065)	yes No	ownership
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Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	GOODWILL INDUSTRIES OF KY, INC.	61-0475284	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation.		
	Provide additional inform	nation for responses to questions on Schedule R. See instructions.		
				
				
				
				
			- 	
				
				
				
	 			
				
				
				
	 			
				
				
				