

2007 TAX RETURN

GOVERNMENT COPY

Client: 10392

Prepared for: GOODWILL INDUSTRIES OF NE INDIANA, INC.
1516 MAGNAVOX WAY
FORT WAYNE, IN 46804
(260) 478-7617

Prepared by: ROBERT E. MARTIN, CPA
BADEN, GAGE & SCHROEDER, LLC
6920 POINTE INVERNESS WAY #300
FORT WAYNE, IN 46804-7926
260-422-2551

Date: AUGUST 11, 2008

Comments:

Route to: _____

**BADEN, GAGE & SCHROEDER, LLC
6920 POINTE INVERNESS WAY #300
FORT WAYNE, IN 46804-7926
260-422-2551**

August 11, 2008

Goodwill Industries of NE Indiana, Inc.
1516 Magnavox Way
Fort Wayne, IN 46804

Dear Client:

Enclosed for your review and filing are the following:

Form 990 2007 Return of Organization Exempt from Income Tax

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

Robert E. Martin, CPA

2007

FEDERAL FILING INSTRUCTIONS

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

FORM TO FILE:

FORM 990 - 2007 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

SIGNATURE:

SIGN AND DATE FORM 990.

PAYMENT:

NO PAYMENT IS REQUIRED.

WHEN TO FILE:

ON OR BEFORE AUGUST 15, 2008.

WHERE TO FILE:

DEPARTMENT OF TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Return of Organization Exempt From Income Tax

2007

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C GOODWILL INDUSTRIES OF NE INDIANA, INC. 1516 MAGNAVOX WAY FORT WAYNE, IN 46804

D Employer Identification Number 35-1905018 E Telephone number (260) 478-7617 F Accounting method: Cash, Accrual, Other (specify)

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates G H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: G FWGOODWILL.ORG

J Organization type (check only one) G [X] 501(c) 3 H (insert no.) 4947(a)(1) or 527

K Check here G [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number G M Check G [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. G 10,692,708.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Assets (lines 18-21).

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	22 a				
22 b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G	22 b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25 a	182, 119.	106, 329.	72, 847.	2, 943.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3, 484, 551.	3, 112, 972.	361, 647.	9, 932.
27 Pension plan contributions not included on lines 25a, b, and c	27	47, 117.	42, 738.	4, 350.	29.
28 Employee benefits not included on lines 25a - 27	28	360, 133.	328, 023.	31, 899.	211.
29 Payroll taxes	29	329, 439.	294, 390.	34, 268.	781.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	238, 123.	204, 546.	33, 420.	157.
34 Telephone	34	39, 862.	34, 817.	5, 007.	38.
35 Postage and shipping	35	28, 223.	24, 755.	3, 279.	189.
36 Occupancy	36	1, 263, 040.	1, 235, 326.	27, 577.	137.
37 Equipment rental and maintenance	37	21, 517.	13, 845.	7, 672.	
38 Printing and publications	38	167, 327.	136, 061.	26, 929.	4, 337.
39 Travel	39	193, 625.	181, 857.	11, 486.	282.
40 Conferences, conventions, and meetings	40	31, 494.	6, 595.	23, 484.	1, 415.
41 Interest	41	66, 881.	39, 476.	27, 405.	
42 Depreciation, depletion, etc (attach schedule)	42	195, 171.	125, 328.	69, 843.	
43 Other expenses not covered above (itemize):					
a <u>PROFESSIONAL FEES</u>	43 a	40, 098.	17, 750.	22, 348.	
b <u>UNCLASSIFIED</u>	43 b	125, 909.	104, 847.	20, 898.	164.
c _____	43 c				
d _____	43 d				
e _____	43 e				
f _____	43 f				
g _____	43 g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	6, 814, 629.	6, 009, 655.	784, 359.	20, 615.

Joint Costs. Check G if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? G Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G <u>SEE STATEMENT 4</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 5</u> ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ... G <input type="checkbox"/>	6, 009, 655.
b ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ... G <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ... G <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ... G <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ... G <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) G	6, 009, 655.

BAA

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash - non-interest-bearing	860,076.	45	510,211.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	99,570.			
	b Less: allowance for doubtful accounts		47c	99,570.	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts	19,000.	48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use	116,190.	52	492,812.	
	53 Prepaid expenses and deferred charges	81,780.	53	107,502.	
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments - land, buildings, & equipment: basis					
b Less: accumulated depreciation (attach schedule)		55c			
56 Investments - other (attach schedule)	SEE STMT. 6	20,422.	56	22,597.	
57a Land, buildings, and equipment: basis	4,901,255.				
b Less: accumulated depreciation (attach schedule) STATEMENT 7	2,587,755.	2,236,721.	57c	2,313,500.	
58 Other assets, including program-related investments (describe G SEE STATEMENT 8)		10,412.	58	10,915.	
59 Total assets (must equal line 74). Add lines 45 through 58		3,406,902.	59	3,557,107.	
LIABILITIES	60 Accounts payable and accrued expenses	304,099.	60	349,445.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 9	992,364.	64b	952,614.	
	65 Other liabilities (describe G)		65		
66 Total liabilities. Add lines 60 through 65		1,296,463.	66	1,302,059.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,092,939.	67	2,255,048.	
	68 Temporarily restricted	17,500.	68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		2,110,439.	73	2,255,048.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,406,902.	74	3,557,107.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	6,732,664.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	6,732,664.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	G e	6,732,664.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	6,883,002.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	6,883,002.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	G e	6,883,002.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		174,236.	3,663.	4,220.

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G <u>0.</u> ; section 4912 G <u>0.</u> ; section 4955 G <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	G	0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	G	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ..	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed G <u>IN</u>		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	161
91 a The books are in care of G <u>LARRY HOLZINGER</u> Telephone number G <u>(260) 478-7617</u> Located at G <u>1516 MAGNAVOX WAY FORT WAYNE IN</u> ZIP + 4 G <u>46804</u>		
b 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)?	91b	X
If 'Yes,' enter the name of the foreign country. . . G _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country... **G** _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here N/A **G** _____
 and enter the amount of tax-exempt interest received or accrued during the tax year **G** 92 | _____ N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a EMPLOYMENT SERVICE FE					348,814.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts.			14	20,807.	
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop...					
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					
102 Gross profit or (loss) from sales of inventory.....					2,758,738.
103 Other revenue: a _____					
b MI SCELLANEOUS INCOME			1	16,328.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).....				37,135.	3,107,552.
105 Total (add line 104, columns (B), (D), and (E))..... G					3,144,687.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
93A	THE PROVIDING OF VOCATIONAL REHABILITATION SERVICES FULFILLS THE AGENCY'S MISSION OF MAXIMIZING INDIVIDUAL EMPLOYABILITY AND QUALITY OF LIFE FOR DISABLED AND DISADVANTAGED INDIVIDUALS THROUGH PRODUCTIVE EMPLOYMENT IN THE COMMUNITY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

Please Sign Here	<table style="width:100%;"> <tr> <td style="width:5%;">G</td> <td style="border-bottom: 1px solid black;">Signature of officer</td> <td style="width:35%; border-bottom: 1px solid black;">Date</td> </tr> </table>	G	Signature of officer	Date			
G	Signature of officer	Date					
	<table style="width:100%;"> <tr> <td style="width:5%;">G</td> <td style="border-bottom: 1px solid black;">Type or print name and title.</td> </tr> </table>	G	Type or print name and title.				
G	Type or print name and title.						

Paid Preparer's Use Only	Preparer's signature G	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 G	EIN G N/A		Phone no. G 260-422-2551

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information (See separate instructions.)

G MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Employer identification number

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11		267,145.	11,561.	15,289.
Total number of other employees paid over \$50,000	G 0			

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	G 0	

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	G 0	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u> N/A </u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
SEE FORM 990, PART V			
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year. G <u> N/A </u>		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. G <u> N/A </u>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. G <u> 0 </u>		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . G <u> 0 </u>		

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment 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). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					G 0.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	68,743.	38,004.	150,634.	261,045.	518,426.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,187,608.	6,169,311.	5,568,737.	5,284,760.	23,210,416.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 ...	16,030.	510.	27,966.	37,865.	82,371.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	6,272,381.	6,207,825.	5,747,337.	5,583,670.	23,811,213.
24 Line 23 minus line 17	84,773.	38,514.	178,600.	298,910.	600,797.
25 Enter 1% of line 23	62,724.	62,078.	57,473.	55,837.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					12,016.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					278,121.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					600,797.
d Add: Amounts from column (e) for lines: 18 <u>82,371.</u> 19 _____ 22 _____ 26b <u>278,121.</u>					360,492.
e Public support (line 26c minus line 26d total)					240,305.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					40.00 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					G 27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					G 27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					G 27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a if the organization belongs to an affiliated group. Check G b if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations																						
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36																							
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37																							
38	Total lobbying expenditures (add lines 36 and 37)	38																							
39	Other exempt purpose expenditures	39																							
40	Total exempt purpose expenditures (add lines 38 and 39)	40																							
41	Lobbying nontaxable amount. Enter the amount from the following table ' <table border="0" style="margin-left: 20px;"> <tr> <td>If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> </td> <td>The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> </td> </tr> </table>	If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	The lobbying nontaxable amount is ' <table border="0" style="margin-left: 20px;"> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000				
Not over \$500,000	20% of the amount on line 40																								
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000																								
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000																								
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000																								
Over \$17,000,000	\$1,000,000																								
Not over \$500,000	20% of the amount on line 40																								
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000																								
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000																								
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000																								
Over \$17,000,000	\$1,000,000																								
42	Grassroots nontaxable amount (enter 25% of line 41)	42																							
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43																							
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44																							
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.																									

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) G	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

MERCHANDISE	\$	5,725,166.
SALVAGE		588,878.
SHOP GOODWILL		404,738.
GROSS SALES	\$	6,718,782.
LESS RETURNS & ALLOWANCES		0.
NET SALES	\$	6,718,782.
LESS COST OF GOODS SOLD		3,960,044.
GROSS PROFIT FROM SALES OF INVENTORY	\$	<u>2,758,738.</u>

STATEMENT 2
FORM 990, PART I, LINE 16
PAYMENTS TO AFFILIATES

<u>NAME AND ADDRESS</u>	<u>PURPOSE OF PAYMENT</u>	<u>AMOUNT</u>
GOODWILL INDUSTRIES INTL 15810 INDIANOLA DR ROCKVILLE, MD 20855	DUES ASSESSMENT	\$ 68,373.
	TOTAL	<u>\$ 68,373.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD INVENTORY ADJUSTMENT	\$	294,947.
TOTAL	\$	<u>294,947.</u>

STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

GOODWILL INDUSTRIES PROVIDES EDUCATION, TRAINING, EMPLOYMENT, JOB PLACEMENT AND SUPPORT SERVICES NEEDED TO HELP PEOPLE WITH DISABILITIES/EMPLOYMENT BARRIERS TO WORK AT COMPETITIVE WAGE JOBS WITHIN THE COMMUNITY. THE PROVISION OF THESE SERVICES FULFILLS THE AGENCY'S MISSION OF HELPING PERSONS WITH DISABILITIES/EMPLOYMENT BARRIERS TO BECOME COMPETITIVELY EMPLOYED IN THE COMMUNITY AT THE HIGHEST JOB LEVEL THEY CAN ACHIEVE AND MAINTAIN.

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 5
 FORM 990, PART III, LINE A
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCR IPTION	GRANTS AND ALLOCATI ONS	PROGRAM SERVI CE EXPENSES
<p>GOODWILL IS DEDICATED TO HELPING PEOPLE WITH DISABILITIES AND EMPLOYMENT BARRIERS ACHIEVE THEIR POTENTIAL THROUGH THE DIGNITY AND POWER OF WORK. GOODWILL EARNED THE MAXIMUM 3-YEAR ACCREDITATION FOR ITS COMMUNITY EMPLOYMENT SERVICES PROGRAMS- JOB DEVELOPMENT, JOB SUPPORTS AND JOB-SITE TRAINING THROUGH THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF). GOODWILL ALSO EARNED ONE OF THE FIRST CARF ACCREDITATIONS IN THE AREA OF BOARD GOVERNANCE STANDARDS. GOODWILL FINANCIAL MANAGEMENT ANALYTICS FOR 2007 INCLUDED: 11.4% MANAGEMENT & GENERAL EXPENSE; 0.3% FUNDRAISING EXPENSE; AND 89.8% OF TOTAL BUDGET TO PROGRAMS.</p> <p>581 YOUTH, VETERANS WITH A SERVICE-CONNECTED DISABILITY AND ADULTS WITH DISABILITIES/EMPLOYMENT BARRIERS RECEIVED SERVICES INCLUDING TESTING, EVALUATION, COUNSELING, ADVOCACY, CASE MANAGEMENT, INFORMATION AND REFERRAL, JOB READINESS SKILLS TRAINING, JOB PLACEMENT AND/OR JOB COACHING. \$419,749 PROJECTED FIRST YEAR WAGES OF 67 CLIENTS PLACED INTO SUPPORTED OR COMMUNITY EMPLOYMENT AND/OR COMMUNITY-BASED OR EXTENDED EVALUATION. STARTING WAGES RANGED FROM \$5.15-\$15.00 PER HOUR. 68 % OF CLIENTS PLACED INTO EMPLOYMENT HAD MULTIPLE DISABILITIES WITH COGNITIVE, PHYSICAL/HEALTH RELATED AND SENSORY THE PRIMARY DISABILITY CATEGORIES. \$1,816,930 IN WAGES WAS EARNED BY 252 PEOPLE WITH DISABILITIES AND/OR EMPLOYMENT BARRIERS COMPRISING 74% OF THE PEOPLE WHO WORKED FOR GOODWILL. \$2,236,679 TOTAL WAGES WERE CREATED BY GOODWILL'S ACTIVITIES IN 2007 FOR PEOPLE WITH DISABILITIES/EMPLOYMENT BARRIERS. 340 EMPLOYEES WHO WORKED FOR GOODWILL PAID \$835,780 IN FEDERAL, STATE AND LOCAL TAXES.</p> <p>480,147 PURCHASES WERE MADE IN GOODWILL'S 9 STORES BY WOMEN, MEN, TEENAGERS, FAMILIES AND SENIOR CITIZENS SEEKING QUALITY AFFORDABLE HOUSEHOLD GOODS. 21,581 ON-LINE PURCHASES WERE MADE THROUGH GOODWILL'S E-COMMERCE STORE SHOPGOODWILL.COM \$356,172 WAS COLLECTED IN SALES TAX THROUGH THE GOODWILL STORES AND REMITTED TO THE STATE OF INDIANA. 943 HOUSEHOLDS RECEIVED HOME PICK-UP OF DONATED GOODS FROM GOODWILL INDUSTRIES. 117 ADDITIONAL PICK-UPS WERE MADE TO AREA BUSINESSES, CHURCHES OR GARAGE SALES. 4,555,340 POUNDS OF DONATED TEXTILES AND GOODS UNSUITABLE FOR SALE IN THE GOODWILL STORES WERE RECYCLED AND KEPT OUT OF THE WASTE STREAM. \$2,624,851 WAS RETURNED TO THE NORTHEAST INDIANA ECONOMY THROUGH GOODWILL-RELATED PROGRAM EXPENSE.</p>		
INCLUDES FOREIGN GRANTS: NO		6,009,655.
	<u>\$ 0.</u>	<u>\$ 6,009,655.</u>

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 6
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
CERTIFICATE OF DEPOSIT	MARKET VALUE	\$ 22,597.
	TOTAL	<u>\$ 22,597.</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 1,311,667.	\$ 1,046,296.	\$ 265,371.
BUILDINGS	2,412,020.	830,023.	1,581,997.
IMPROVEMENTS	1,124,790.	711,436.	413,354.
LAND	52,778.		52,778.
TOTAL	<u>\$ 4,901,255.</u>	<u>\$ 2,587,755.</u>	<u>\$ 2,313,500.</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

BENEFICIAL INTEREST	\$ 10,915.
TOTAL	<u>\$ 10,915.</u>

STATEMENT 9
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	BALANCE DUE
WELLS FARGO BANK	\$ 403,528.
WELLS FARGO BANK	309,086.
TOTAL MORTGAGES	<u>\$ 712,614.</u>

OTHER NOTES PAYABLE

LENDER'S NAME:	WELLS FARGO BANK	
MATURITY DATE:	7/16/2009	
REPAYMENT TERMS:	INTEREST ONLY	
INTEREST RATE:	6.75%	
SECURITY PROVIDED:	DEPOSITS ON ACCOUNT	
PURPOSE OF LOAN:	RENOVATION	
ORIGINAL AMOUNT:	240,000.	
BALANCE DUE:		\$ 240,000.
TOTAL OTHER NOTES PAYABLE		<u>\$ 240,000.</u>
	TOTAL	<u>\$ 952,614.</u>

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 10
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JACQUELYN FELLER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
STEVE HABI G 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
KENNETH WALKER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
RANDY WOLF 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI R. EMP. SERV. 40.00	0.	0.	0.
LARRY HOLZINGER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	FINANCE DI RECTO 40.00	0.	0.	0.
DOUG BARROW 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	BOARD VP 1.00	0.	0.	0.
WILLIAM WARRINER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	COMPANY PRES. 40.00	106,683.	650.	3,969.
TODD HAINES 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	EX- OFFI C I O 1.00	0.	0.	0.
ANTHONY JEFFERS, ACSW 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
AMY KELLY 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	BOARD SECRETARY 1.00	0.	0.	0.
TIMOTHY MANGES 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
SCOTT MCALISTER, ACSW, LCSW 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 10 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RANDALL SPENCER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
EDWARD WELLING 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
GARY YARGER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	BOARD PRES. 1.00	0.	0.	0.
STEVEN ZACHER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
RON LANGLEY 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	BOARD TREASURER 1.00	0.	0.	0.
JOHN R SMOOT 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
RANDAL WARNER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
REUBEN MENDEZ 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
WIL SMITH 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DI RECTOR 1.00	0.	0.	0.
CRYSTAL SEARS 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	COMPANY VP 40.00	67,553.	3,013.	251.
	TOTAL	<u>\$ 174,236.</u>	<u>\$ 3,663.</u>	<u>\$ 4,220.</u>

GOODWILL INDUSTRIES OF NE INDIANA, INC.

35-1905018

STATEMENT 11
 SCHEDULE A, PART I
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRI BUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
LARRY HOLZINGER 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	FINANCE DIR. 40.00	53,846.	2,714.	4,629.
LORI MCCUTCHEON 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	RETAIL DIRECTOR 40.00	66,621.	3,263.	5,225.
RANDY WOLF 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	DIR EMP SERV 40.00	59,219.	2,937.	246.
APRIL NORTHSTROM 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	P/R DIRECTOR 40.00	37,849.	150.	157.
MARITA CRAWFIS 1516 MAGNAVOX WAY FORT WAYNE, IN 46804	HR DIRECTOR 40.00	49,610.	2,497.	5,032.
	TOTAL	<u>\$ 267,145.</u>	<u>\$ 11,561.</u>	<u>\$ 15,289.</u>