TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2015

| Prepared for | Goodwill Industries of Greater Detroit
|              | 3111 Grand River Avenue
|              | Detroit, MI 48208-2962

| Prepared by | UHY Advisors MI, Inc.
|            | 27725 Stansbury, Suite 210
|            | Farmington Hills, MI 48334

<table>
<thead>
<tr>
<th>Amount due or refund</th>
<th>Not applicable</th>
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<tbody>
<tr>
<td>Make check payable to</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Mail tax return and check (if applicable) to</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Return must be mailed on or before</td>
<td>Not applicable</td>
</tr>
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</table>

| Special Instructions | This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. |

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning ____________, 2015, and ending ____________. Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization
GOODWILL INDUSTRIES OF GREATER DETROIT

Employer identification number
38-1362823

Name and title of officer
LORNA G. UTLEY
PRESIDENT AND CEO

Part I Type of Return and Return Information (Whole Dollars Only)

1a Form 990 check here □ [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ................. 1b 19,943,828.

2a Form 990-EZ check here □ [X] b Total revenue, if any (Form 990-EZ, line 9) .......................... 2b

3a Form 1120-POL check here □ [X] b Total tax (Form 1120-POL, line 22) .......................... 3b

4a Form 990-PF check here □ [X] b Tax based on investment income (Form 990-PF, Part VI, line 6) .......................... 4b

5a Form 8868 check here □ [X] b Balance Due (Form 8868, Part I, line 5c or Part II, line 5c) .......................... 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-866-550-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[ ] I authorize UHY ADVISORS MI, INC. to enter my PIN 12345

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 38640967890

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶ 10/27/16

ERL Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2015)
Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A. For the 2015 calendar year, or tax year beginning and ending

B. Check if applicable

C. Name of organization

GOODWILL INDUSTRIES OF GREATER DETROIT

D. Employer identification number

38-1362823

E. Telephone number

313-964-3900

F. Name and address of principal officer

LORNA G. UTLEY

SAME AS C ABOVE

1. Tax-exempt status: [ ] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

2. Website: WWW.GOODWILLDETROIT.ORG

3. Type of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

4. L Year of formation: 1921 M State of legal domicile: MI

Part I: Summary

1. Briefly describe the organization's mission or most significant activities: WE PUT PEOPLE WITH EMPLOYMENT CHALLENGES TO WORK.

2. Check this box: [ ] If the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a) 3

4. Number of independent voting members of the governing body (Part VI, line 1b) 4

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a) 788

6. Total number of volunteers (estimate if necessary) 6

7. a. Total unrelated business revenue from Part VIII, column (C), line 12 7a

b. Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue

8. Contributions and grants (Part VIII, line 1b) 9,556,300

9. Program service revenue (Part VIII, line 2g) 3,284,832

10. Investment income (Part VIII, column (A), lines 5, 4, and 7d) 202,162

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,886,145

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,929,439

Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 403,415

14. Benefits paid to or for members (Part IX, column (A), line 4) 0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,644,266

16a. Professional fundraising fees (Part IX, column (A), line 11e) 0

b. Total fundraising expenses (Part IX, column (D), line 25) 341,261.

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b) 7,838,622

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14,886,303

19. Revenue less expenses. Subtract line 18 from line 12 2,043,136

Net Assets or Fund Balances

20. Total assets (Part X, line 16) 23,974,997

21. Total liabilities (Part X, line 26) 5,084,858

22. Net assets or fund balances. Subtract line 21 from line 20 18,890,139

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.

Signature of officer:

LORNA G. UTLEY, PRESIDENT AND CEO

Type of print name and title:

Date:

Print/Type preparer's name:

CLEATUS A. SPACHET

Preparer's signature:

CLEATUS A. SPACHET

Print name:

UHY ADVISORS MI, INC.

Print address:

27725 STANSBURY, SUITE 210
FARMINGHAM HILLS, MI 48334

Phone number:

248-355-0280

Form 990 (2015)
GOODWILL INDUSTRIES OF GREATER DETROIT

38-1362823

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Part 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:
   WE PUT PEOPLE WITH EMPLOYMENT CHALLENGES TO WORK.

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? [ ] Yes [x] 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 measured by expenses.
   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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<th>Revenue</th>
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SEE SCHEDULE O FOR CONTINUATION(S)
# Part IV | Checklist of Required Schedules

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Goodwill Industries of Greater Detroit

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Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II

26 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 III

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 of any of these persons? If "Yes," complete Schedule L, Part IV

28 Was the organization a party to a business transaction with any of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity in which a current or former officer, director, trustee, or key employee (or a family member thereof) has a significant interest? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

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

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O
GOODWILL INDUSTRIES OF GREATER DETROIT

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Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

Yes  No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a  35

1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b  0

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a  788

2b 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 1b 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

3b 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:

4b

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b X

5c 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 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 were not tax deductible?

6b

7 Organizations that may receive deductible contributions under section 170(c).

7a Did the organization receive a payment in excess of $5,000 made partly as a contribution and partly for goods and services provided to the payor?

7a X

7b Did the organization notify the donor of the value of the goods or services provided?

7b X

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

7d If "Yes," indicate the number of Forms 8282 filed during the year

7d

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e X

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f X

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8699 as required?

7g

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

8

9 Sponsoring organizations maintaining donor advised funds.

9a Did the sponsoring organization make any taxable distributions under section 4966?

9a

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

10 Section 501(c)(7) organizations. Enter:

10a

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11 Section 501(c)(12) organizations. Enter:

11a Gross income from members or shareholders

11a

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

12b 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.

13a Is the organization licensed to issue qualified health plans in more than one state?

13a

Note. See the instructions for additional information the organization must report on Schedule O.

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

13c Enter the amount of reserves on hand

13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

14a X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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GOODWILL INDUSTRIES OF GREATER DETROIT 38-1362823 Page 6

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

1a Enter the number of voting members of the governing body at the end of the tax year ......................................................... 1a 19 Yes No

1b Enter the number of voting members included in line 1a, above, who are independent .......................................................... 1b 18

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ................. 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ......................... 3 X

4 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 X

6 Did the organization have members or stockholders? .................................................................................................................. 6 X

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 X

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ...................................................... 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ................................. 8a X

8a a The governing body? ........................................................................................................................................................................ 8a X

8b Each committee with authority to act on behalf of the governing body? ...................................................................................... 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. ............. 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? .............................................................................................. 10a X

10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, branches, and affiliates to ensure their operations are consistent with the organization's exempt purposes? .................................................. 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .......... 11a X

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. .......................................................... 11b

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ....................................................................... 12a X

12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ................................. 12b X

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .............................................................................................................. 12c X

13 Did the organization have a written whistleblower policy? .......................................................................................................... 13 X

14 Did the organization have a written document retention and destruction policy? ................................................................. 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? ................................................................. 15 X

15a The organization's CEO, Executive Director, or top management official ................................................................................. 15a X

15b Other officers or key employees of the organization .................................................................................................................. 15b X

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ................................................................. 16a X

16b 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 X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: X MI

18 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: X

RAYMOND W. BYERS - 313-964-3900
3111 GRAND RIVER AVENUE, DETROIT, MI 48208-2962

Form 990 (2015)
### GOODWILL INDUSTRIES OF GREATER DETROIT

**Form 990 (2015) 38-1362823 Page 7**

#### 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 (A), (C), (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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.*

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LORNA G. UTLEY</td>
<td>40.00</td>
<td></td>
<td>263,494.</td>
<td>0.</td>
<td>27,719.</td>
</tr>
<tr>
<td>C.E.O./PRESIDENT</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) LORNA BARKLEY</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) TALVIS LOVE</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>1ST VICE CHAIRPERSON</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) LAUREA BYERS</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) RYAN HOYLE</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) ADAM KAPLAN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) SCOTT WARD</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) ANY GOOD</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) CLARENCE L. FOZZA, JR.</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) DENNIS CURTIS</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) THOMAS NARGOSIAN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER/VICE CHAIRPERSON</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) RANDAL LESLIE</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) ANDY JULIAN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) JANE BOWMAN</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRPERSON</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) GENO GRABINSKI</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) LISA MUSCHONG</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) SCOTT SABELLICO</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td>Name and title</td>
<td>(B) Average hours per week</td>
<td>(C) Position</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
</tr>
<tr>
<td>-----</td>
<td>----------------</td>
<td>----------------------------</td>
<td>--------------</td>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>(18) SHARLENE GAGE</td>
<td>DIRECTOR</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(19) JIN VANNAMBOUCK</td>
<td>DIRECTOR</td>
<td>5.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(20) FELICIA HUNTER</td>
<td>EXECUTIVE VP EMPLOYMENT &amp; VP OF FINANCE</td>
<td>40.00</td>
<td>X</td>
<td>183,567.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(21) WILLIAM WINSATT</td>
<td>VP OF FINANCE</td>
<td>40.00</td>
<td>X</td>
<td>120,588.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(22) DENNIS DEANE</td>
<td>VP OF MIS &amp; INFRASTRUCTURE</td>
<td>40.00</td>
<td>X</td>
<td>123,801.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(23) BRIAN LIGGIAN</td>
<td>ACCOUNT EXECUTIVE</td>
<td>40.00</td>
<td>X</td>
<td>121,925.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(24) KATHLEEN LAIRD</td>
<td>VP OF AUTOMOTIVE</td>
<td>40.00</td>
<td>X</td>
<td>122,271.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total from continuation sheets to Part VII, Section A: 935,646.00 0.00 60,465.00

Total (add lines 1b and 1c): 935,646.00 0.00 60,465.00

Section B: Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
<table>
<thead>
<tr>
<th>Part VIII</th>
<th>Statement of Revenue</th>
</tr>
</thead>
</table>

Check if Schedule O contains a response or note to any line in this Part VIII: [ ]

**Contributions, Gifts, Grant and Other Similar Amounts**

<table>
<thead>
<tr>
<th>1a</th>
<th>Federated campaigns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b</td>
<td>Membership dues</td>
</tr>
<tr>
<td>1c</td>
<td>Fundraising events</td>
</tr>
<tr>
<td>1d</td>
<td>Related organizations</td>
</tr>
<tr>
<td>1e</td>
<td>Government grants (contributions)</td>
</tr>
<tr>
<td>1f</td>
<td>All other contributions, gifts, grants, and similar amounts not included above</td>
</tr>
<tr>
<td>1g</td>
<td>Noncash contributions included in lines 1a-1f.</td>
</tr>
</tbody>
</table>

**Total, Add lines 1a-1f.**

<table>
<thead>
<tr>
<th>2a</th>
<th>RETAIL SALES</th>
</tr>
</thead>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>2b</th>
<th>Business Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2c</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2d</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2e</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2f</th>
<th>All other program service revenue</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2g</th>
<th>Total, Add lines 2a-2f.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Investment income (including dividends, interest, and other similar amounts)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Income from investment of tax-exempt bond proceeds</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5</th>
<th>Royalties</th>
</tr>
</thead>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>6a</th>
<th>Gross rents</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6b</th>
<th>Less: rental expenses</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6c</th>
<th>Rental income or (loss)</th>
</tr>
</thead>
</table>

| 6d | Net rental income or (loss) |

<table>
<thead>
<tr>
<th>7a</th>
<th>Gross amount from sales of assets other than inventory</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7b</th>
<th>Less: cost or other basis and sales expenses</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7c</th>
<th>Gain or (loss)</th>
</tr>
</thead>
</table>

| 7d | Net gain or (loss) |

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>8a</th>
<th>Gross income from fundraising events (not including $ contributed)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>8b</th>
<th>Less: direct expenses</th>
</tr>
</thead>
</table>

| 8c | Net income or (loss) from fundraising events |

<table>
<thead>
<tr>
<th>9a</th>
<th>Gross income from gaming activities. See Part IV, line 19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>9b</th>
<th>Less: direct expenses</th>
</tr>
</thead>
</table>

| 9c | Net income or (loss) from gaming activities |

<table>
<thead>
<tr>
<th>10a</th>
<th>Gross sales of inventory less returns and allowances</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>10b</th>
<th>Less: cost of goods sold</th>
</tr>
</thead>
</table>

| 10c | Net income or (loss) from sales of inventory |

**Total, Add lines 11a-11c.**

| 12 | Total revenue, See instructions. |

| 13 | Revenue excluded from tax under sections 512-614 |

---

Form 990 (2015)
<table>
<thead>
<tr>
<th>Part IX</th>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).</td>
<td></td>
</tr>
<tr>
<td>Check if Schedule O contains a response or note to any line in this Part IX.</td>
<td></td>
</tr>
<tr>
<td><strong>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>(A)</strong> Total expenses</td>
<td><strong>(B)</strong> Program service expenses</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 10</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Include expenses not covered above. (List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O.)</td>
</tr>
<tr>
<td>a</td>
<td>MATERIAL COSTS</td>
</tr>
<tr>
<td>b</td>
<td>PRINTING AND PUBLICICATION</td>
</tr>
<tr>
<td>c</td>
<td>SUPPLIES</td>
</tr>
<tr>
<td>d</td>
<td>EQUIPMENT RENTAL AND MA</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
</tr>
<tr>
<td>Assets</td>
<td>(A) Beginning of year</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>1,368,152.</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>11,627,186.</td>
</tr>
<tr>
<td>6. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr), Complete Part II of Sch L</td>
<td>5,298,673.</td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>9,265,387.</td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>110,273.</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,627,186.</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>5,298,673.</td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>176,458.</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>23,974,997.</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>5,084,858.</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>17,977,341.</td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>515,798.</td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>397,000.</td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>397,000.</td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>2,748,913.</td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>5,084,858.</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td>5,084,858.</td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>5,084,858.</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>5,084,858.</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

| Unrestricted net assets | 17,977,341. |
| Temporarily restricted net assets | 515,798. |
| Permanently restricted net assets | 397,000. |

Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

| Capital stock or trust principal, or current funds | 18,890,139. |
| Paid-in or capital surplus, or land, building, or equipment fund | 20,310,514. |
| Retained earnings, endowment, accumulated income, or other funds | 23,974,997. |

Total net assets or fund balances
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI: X

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII: X

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2015)
**Public Charity Status and Public Support**

**Part I: Reason for Public Charity Status**

All organizations must complete this part. See instructions.

<table>
<thead>
<tr>
<th>Number</th>
<th>Reason for Public Charity Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ix).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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 exempt 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 501(c)(3). (Complete Part III.)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>An organization that operated and operated exclusively for the benefit of public safety. See section 501(c)(3).</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization that 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 501(c)(3) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
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</tr>
</tbody>
</table>

Total
### GOODWILL INDUSTRIES OF GREATER DETROIT

**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.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>10159079.10066043.9116678.9556300.11243282.50141382.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td>10159079.10066043.9116678.9556300.11243282.50141382.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td>50141382.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>10159079.10066043.9116678.9556300.11243282.50141382.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>184,621.194,661.180,821.199,793.196,859.956,755.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td>51098137.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td>77,798,431.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))</td>
<td>98.13%</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2014 Schedule A, Part II, line 14</td>
<td>98.29%</td>
</tr>
<tr>
<td>16a</td>
<td>33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>☑</td>
</tr>
<tr>
<td>16b</td>
<td>33 1/3% support test - 2014. If the organization did not check the 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</td>
<td>☐</td>
</tr>
<tr>
<td>17a</td>
<td>10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>☑</td>
</tr>
<tr>
<td>17b</td>
<td>10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>☐</td>
</tr>
<tr>
<td>18</td>
<td>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>☐</td>
</tr>
</tbody>
</table>
**GOODWILL INDUSTRIES OF GREATER DETROIT**

**Part III | Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 purposes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 1 and 2 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (loss section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth taxable year as a section 501(c)(3) organization, check this box and stop here.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | %

### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | %

19a 33 1/3% support tests - 2015. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | |

b 33 1/3% support tests - 2014. 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 | | |

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | |
**GOODWILL INDUSTRIES OF GREATER DETROIT**

**Schedule A (Form 990 or 990-EZ) 2015**

**Part IV: Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 11a or 11b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part I of Schedule I (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule I (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b 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.)</td>
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</tr>
</tbody>
</table>

530294 05-29-15

Schedule A (Form 990 or 990-EZ) 2015
**GOODWILL INDUSTRIES OF GREATER**

**DETROIT**

**Schedule A (Form 990 or 990-EZ) 2015**

### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td>11a</td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
<td>11b</td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? If &quot;Yes&quot; to a, b, or c, provide detail in Part VI.</td>
<td>11c</td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

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).

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 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
   a The organization satisfied the Activities Test. Complete line 2 below.
   b 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 instructions).

2 Activities Test. Answer (a) and (b) below.
   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) in which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthers 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.
   b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a 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.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
GOODWILL INDUSTRIES OF GREATER DETROIT

Schedule A (Form 990 or 990-EZ) 2015

Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

1 Net short-term capital gains
2 Recoveries of prior year distributions
3 Other gross income (see instructions)
4 Add lines 1 through 3
5 Depreciation and depletion
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
7 Other expenses (see instructions)
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

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
   b Average monthly cash balances
   c Fair market value of other non-exempt-use assets
   d Total (add lines 1a, 1b, and 1c)
   e Discount claimed for blockage or other factors (explain in detail in Part VII):
2 Acquisition indebtedness applicable to non-exempt-use assets
3 Subtract line 2 from line 1d
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)
5 Net value of non-exempt-use assets (subtract line 4 from line 3)
6 Multiply line 5 by .35
7 Recoveries of prior year distributions
8 Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
2 Enter 85% of line 1
3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).
### GOODWILL INDUSTRIES OF GREATER DETROIT

**Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
<td></td>
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<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
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<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required)</td>
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<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
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<tr>
<td>7 Total annual distributions. Add lines 1 through 6.</td>
<td></td>
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<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
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</tr>
<tr>
<td>9 Distributable amount for 2015 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by Line 9 amount</td>
<td></td>
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</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2015 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2015:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
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<tr>
<td>c</td>
<td></td>
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<tr>
<td>d From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2010 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2015 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder, Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2016. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
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<tr>
<td>c Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2015
Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5b, 6a, 9b, 9c, 11a, 11b, and 11c: Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 8. Also complete this part for any additional information.

(See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of the organization
GOODWILL INDUSTRIES OF GREATER DETROIT

Employer identification number
38-1362823

Organization type (check one):

Filings of: Section

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received noneclusively religious, charitable, etc., contributions totaling $5,000 or more during the year .................................. $

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
### Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | US DEPARTMENT OF HEALTH AND HUMAN SERVICES  
1100 WALNUT ST, SUITE 850  
KANSAS CITY, MO 64106 | $534,250 | Person [x] Payroll Noncash (Complete Part II for noncash contributions.) |
| 2   | US DEPARTMENT OF LABOR  
200 CONSTITUTION AVE NW  
WASHINGTON, DC 20210 | $611,906 | Person [x] Payroll Noncash (Complete Part II for noncash contributions.) |

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
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<tbody>
<tr>
<td></td>
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<td>Person Payroll Noncash (Complete Part II for noncash contributions.)</td>
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<td>Person Payroll Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>(a)</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (see instructions)</td>
<td>(d) Date received</td>
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</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
### Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (b), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info, cont.)

$\$

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
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(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
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<tbody>
<tr>
<td></td>
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<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
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<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of organization: GOODWILL INDUSTRIES OF GREATER DETROIT

Part I-A: Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political expenditures
3. Volunteer hours

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

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
   a. Yes
   b. No

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

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization’s funds contributed to other organizations for section 527 exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4. Did the filing organization file Form 1120-POL for this year?
   a. Yes
   b. No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization’s funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name
(b) Address
(c) EIN
(d) Amount paid from filing organization’s funds. If none, enter 0.
(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.
**GOODWILL INDUSTRIES OF GREATER**

**Schedule C (Form 990 or 990-EZ) 2015 DETROIT 38-1362823 Page 2**

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check □ if the filing organization checked box A and "limited control" provisions apply.

---

**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</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>
<tr>
<td>1g Grassroots nontaxable amount (enter 25% of line 1f)</td>
<td></td>
</tr>
<tr>
<td>1h Subtract line 1g from line 1e. If zero or less, enter -0-</td>
<td></td>
</tr>
<tr>
<td>1i Subtract line 1f from line 1c. If zero or less, enter -0-</td>
<td></td>
</tr>
<tr>
<td>1j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? □ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

**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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b Lobbying ceiling amount (150% of line 2a, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2015
GOODWILL INDUSTRIES OF GREATER

Schedule C (Form 990 or 990-EZ) 20-5 DETROIT 38-1362823 Page 3

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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

COMMUNICATING WITH PUBLIC OFFICIALS FOR THE PURPOSE OF INFLUENCING

STATE LEGISLATIVE AND GOVERNMENTAL OFFICIAL ACTIONS OF INTEREST AND CONCERN TO OUR ORGANIZATION
**Supplemental Financial Statements**

**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property subject to the organization's exclusive legal control? □ Yes □ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

**Part II** Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - Held at the End of the Tax Year
   - a Total number of conservation easements
   - b Total acreage restricted by conservation easements
   - c Number of conservation easements on a certified historic structure included in (a)
   - d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▲

4. Number of states where property subject to conservation easement is located ▲

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(E)(i)? □ Yes □ No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   - (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   - a Revenue included on Form 990, Part VIII, line 1 ▲
   - b Assets included in Form 990, Part X ▲
GOODWILL INDUSTRIES OF GREATER DETROIT

Schedule D (Form 990) 2015

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   Yes
   No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

1c
1d
1e
1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
   Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
2015: 720,551
2014: 693,207
2013: 638,878
2012: 595,375
2011: 39,914

b Contributions
2015: 10,000
2014: 17,500
2013: 24,464
2012: 76,498
2011: 77,074
2010: 17,820

1b
1c
1d
1e
1f

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment 56.38%
   b Permanent endowment 43.62%
   c Temporarily restricted endowment 0%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   Yes No
   3a(i) X
   3a(ii) X

3b If "Yes" on line 3a(iii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>625,246</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>9,797,343</td>
<td>4,849,575</td>
<td>4,947,768</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold Improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>1,204,597</td>
<td>449,098</td>
<td>755,499</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

6,328,513.
### Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
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<tr>
<td>(D)</td>
<td></td>
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<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of Investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
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<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td>(5)</td>
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<tr>
<td>(6)</td>
<td></td>
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<td>(7)</td>
<td></td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. **Federal income taxes**
2. **ADDITIONAL MINIMUM PENSION LIABILITY**
3. **CHARITABLE GIFT ANNUITY**

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) ADDITIONAL MINIMUM PENSION LIABILITY</td>
<td>1,369,330.</td>
</tr>
<tr>
<td>(3) CHARITABLE GIFT ANNUITY</td>
<td>10,340.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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. 

Schedule D (Form 990) 2015
**GOODWILL INDUSTRIES OF GREATER DETROIT**

**Schedule D (Form 990) 2015**

### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7h</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>4a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>4b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>4c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

---

**PART V, LINE 4:**

EDUCATIONAL PURPOSES OR THOSE STIPULATED BY THE DONOR. EMERGENCY ASSISTANCE TO CLIENTS OF THE ORGANIZATION.

---

**PART X, LINE 2:**

THE ORGANIZATION BELIEVES THAT IT HAS BEEN OPERATING WITHIN ITS TAX EXEMPT STATUS AND HAS NO UNRELATED BUSINESS INCOME. AT DECEMBER 31, 2015 AND 2014, THERE WERE NO UNCERTAIN TAX POSITIONS THAT REQUIRED ACCRUAL.
SCHEDULE G  
Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

Name of the organization: GOODWILL INDUSTRIES OF GREATER DETROIT  
Employer identification number: 38-1362823

Part I - Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [ ] Yes  
   - [ ] No

   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
### Part II: Fundraising Events
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>64,049</td>
<td>79,255</td>
<td>55,305</td>
<td>198,609</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>64,049</td>
<td>79,255</td>
<td>55,305</td>
<td>198,609</td>
</tr>
</tbody>
</table>

#### Direct Expenses
- Cash prizes
- Noncash prizes
- Rent/facility costs
- Food and beverages
- Entertainment
- Other direct expenses

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Rent/facility costs</td>
<td>24,256</td>
<td>22,500</td>
<td></td>
<td>46,756</td>
</tr>
</tbody>
</table>

#### Part III: Gaming
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 8a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other expenses</th>
<th>(d) Total expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Volunteer labor</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Direct expense summary. Add lines 2 through 5 in column (d).

<table>
<thead>
<tr>
<th>Direct expenses summary (add line 1, column (d))</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
- Enter the state(s) in which the organization conducts gaming activities:
  - a. Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [ ] No
  - b. If "No," explain:

- 10a. Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [ ] No
  - b. If "Yes," explain:
GOODWILL INDUSTRIES OF GREATER DETROIT

Schedule G (Form 990 or 990-EZ) 2015

11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a. The organization's facility................................................................. 13a %
   b. An outside facility ........................................................................... 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b. If "Yes," enter the amount of gaming revenue received by the organization ▶ $  and the amount of gaming revenue retained by the third party ▶ $ .

   c. If "Yes," enter name and address of the third party:
      Name ▶
      Address ▶

16 Gaming manager information:

   Name ▶
   Gaming manager compensation ▶ $
   Description of services provided ▶

   □ Director/officer  □ Employee  □ Independent contractor

17 Mandatory distributions:
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No

   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</td>
<td>[ ] Yes [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered &quot;Yes&quot; on Form 990, Part V, line 21, for any recipient that received more than $50,000. Part II can be duplicated if additional space is needed.</th>
</tr>
</thead>
</table>

1. (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODWILL INDUSTRIES OF GREATER DETROIT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enter total number of other organizations listed in the line 1 table</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LIA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2015)
### Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSISTANCE PROVIDED FOR SKILL BUILDING SERVICES, MICHIGAN PRISONER RE-ENTRY PROGRAM, W.I.P. THE SCRIPPS MALE EMPOWERMENT SERVICES, NORTH OAKLAND CAREER CENTER SERVICES AND ADDITIONAL EMPLOYMENT</td>
<td>11064</td>
<td>615,816</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV

Supplemental Information. Provide any information required in Part I, line 2, Part III, column (b), and any other additional information.

**Part I, Line 2:**

ASSISTANCE IS PROVIDED TO INDIVIDUALS BASED ON SPECIFIC NEED AND CRITERIA THAT MUST BE MET FOR EACH PROGRAM. THE ORGANIZATION SCREENS EACH INDIVIDUAL BEFORE INITIAL ASSISTANCE IS PROVIDED AND CONTINUALLY MONITORS THE INDIVIDUALS THROUGHOUT THE PROGRAM TO ENSURE THAT THEY ARE STILL ELIGIBLE FOR THE ASSISTANCE.

**Part III, Column (A):**

(A) TYPE OF GRANT OR ASSISTANCE: ASSISTANCE PROVIDED FOR SKILL BUILDING

SEE PART IV FOR COLUMN (A) DESCRIPTIONS

Schedule I (Form 990) 2015
SERVICES, MICHIGAN PRISONER RE-ENTRY PROGRAM, FLIP THE SCRIPT MALE

EMPOWERMENT SERVICES, NORTH OAKLAND CAREER CENTER SERVICES AND ADDITIONAL

EMPLOYMENT AND TRAINING SERVICES.
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.

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

Name of the organization

GOODWILL INDUSTRIES OF GREATER DETROIT

Employer identification number

38-1362823

Part I | Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Housing allowance or residence for personal use
- Travel for companions
- Payments for business use of personal residence
- Tax indemnification and gross-up payments
- Health or social club dues or initiation fees
- Discretionary spending account
- Personal services (e.g., 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 of all of the expenses described above? If "No," complete Part III to explain.

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 in line 1a?

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 establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of 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 organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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:

a The organization?

b Any related organization?

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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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 53.4956-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4956-6(d)?

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

Schedule J (Form 990) 2015
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B) &amp; (C)</th>
<th>(F) Compensation in column (E) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) LORIA G. UTLEY, C.E.O./PRESIDENT</td>
<td>263,494.00 0.00 0.00</td>
<td>0.00</td>
<td>27,719.00</td>
<td>291,213.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(2) FELICIA HUNTER, EXECUTIVE VP EMPLOYMENT &amp;</td>
<td>183,567.00 0.00 0.00</td>
<td>0.00</td>
<td>13,297.00</td>
<td>196,864.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
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.

PART I. LINE 1A:

THE ORGANIZATION PAYS DUES AND OTHER RELATED SOCIAL CLUB EXPENSES FOR THE CEO / PRESIDENT OF THE ORGANIZATION.
**Transactions With Interested Persons**

**SCHEDULE L**

(Form 990 or 990-EZ)

- Completes 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.
- Attach to Form 990 or Form 990-EZ.
- Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: **GOODWILL INDUSTRIES OF GREATER DETROIT**

Employer identification number: **38-1362823**

### Part I  Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.  

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  

### Part II  Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>To</td>
<td>From</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Total:  

### Part III  Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule L (Form 990 or 990-EZ) 2015
**GOODWILL INDUSTRIES OF GREATER DETROIT**

**Part IV** Business Transactions Involving Interested Persons.

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUDSON A. UTLEY - MARATHON</td>
<td>HUSBAND OF PRESIDENT</td>
<td>155,983</td>
<td>REVENUE REL</td>
<td>X</td>
</tr>
</tbody>
</table>

**Part V** Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) **NAME OF PERSON:** JUDSON A. UTLEY - MARATHON CABLE

(B) **RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

HUSBAND OF PRESIDENT AND CEO, LORNA G. UTLEY

(D) **DESCRIPTION OF TRANSACTION:** REVENUE RELATED TO CABLE ASSEMBLY WORK PERFORMED BY THE ORGANIZATION'S EMPLOYEES
**Noncash Contributions**

**GOODWILL INDUSTRIES OF GREATER DETROIT**

**Part I | Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
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<tr>
<td>2</td>
<td>Art - Historical treasures</td>
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<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
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<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td>X</td>
<td>4,012,872. THRIFT STORE VALUE</td>
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<td>6</td>
<td>Cars and other vehicles</td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
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<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
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<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
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<td>10</td>
<td>Securities - Closely held stock</td>
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<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
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<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
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<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
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<td>14</td>
<td>Qualified conservation contribution - Other</td>
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<tr>
<td>15</td>
<td>Real estate - Residential</td>
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<tr>
<td>16</td>
<td>Real estate - Commercial</td>
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<td>17</td>
<td>Real estate - Other</td>
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<td>Collectibles</td>
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<td>19</td>
<td>Food inventory</td>
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<td>20</td>
<td>Drugs and medical supplies</td>
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<tr>
<td>21</td>
<td>Taxidermy</td>
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<tr>
<td>22</td>
<td>Historical artifacts</td>
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<td>23</td>
<td>Scientific specimens</td>
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<tr>
<td>24</td>
<td>Archeological artifacts</td>
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<tr>
<td>25</td>
<td>Other ▶ ( )</td>
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<td>26</td>
<td>Other ▶ ( )</td>
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<td>27</td>
<td>Other ▶ ( )</td>
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<tr>
<td>28</td>
<td>Other ▶ ( )</td>
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</table>

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Yes No X

b If "Yes," describe the arrangement in Part II. 30b

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Yes X

b If "Yes," describe in Part II. 32b

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. 33

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)
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.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND 86 WESTLAND SKILL BUILDING PROGRAM. 75% OF PERSONS SERVED

PARTICIPATED IN PAID TRANSITIONAL (TIME LIMITED) WORK EXPERIENCE IN

GOODWILL'S WORK CENTER TO DEVELOP APPROPRIATE WORK BEHAVIORS AND SOFT

SKILLS FOR WORK PLACE ENVIRONMENTS. 100% OF PROGRAM TRAINEES DEVELOPED

A PERSON CENTERED PLAN FOR PERSONAL, SOCIAL, VOCATIONAL, AND COMMUNITY

INTEGRATION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT, COMPUTER TRAINING, COGNITIVE THINKING INSTRUCTION,

CONFLICT RESOLUTION STRATEGIES, FINANCIAL LITERACY, BASIC EDUCATION

LEARNING AND GED PREPARATION, JOB PLACEMENT AND JOB RETENTION SERVICES.

GOODWILL'S FLIP THE SCRIPT MEN AND WOMEN'S EMPOWERMENT PROGRAM PREPARES

MEN AND WOMEN AGES 18-30 FOR NON-TRADITIONAL CAREERS IN THE SKILLS,

BUILDING AND CONSTRUCTION INDUSTRY WITH AN EMPHASIS ON MATH, READING,

SOCIAL AND LIFE SKILLS TRAINING. ADDITIONAL SERVICES ACTIVITIES

PROVIDED INCLUDES VOCATIONAL SKILLS ASSESSMENT, EMPLOYMENT READINESS

TRAINING, TRANSITIONAL WORK EXPERIENCE, AND JOB DEVELOPMENT SERVICES.

PROVIDED EMPLOYMENT RELATED, WARPAROUND AND SUPPORTIVE SERVICES FOR

1,382 INDIVIDUALS. 85% OF ENROLLEES SUCCESSFULLY COMPLETED 16 WEEK

PROGRAM CURRICULUM. 377 PERSONS WERE ASSISTED WITH JOB PLACEMENT IN

THE COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TRAINING SERVICES, AND 8,537 UNEMPLOYED/ UNDEREMPLOYED JOB SEEKERS

EMPLOYMENT SERVICES ASSISTANCE. FACILITATED COMPETITIVE EMPLOYMENT FOR
1,153 INDIVIDUALS EARNING AN AVERAGE HOURLY WAGE RATE OF $11.21.

FORM 990, PART III. LINE 4D, OTHER PROGRAM SERVICES:
GOODWILL INDUSTRIES OF GREATER DETROIT PROVIDED EMPLOYMENT & TRAINING SERVICES IN THE CITY OF DETROIT, WAYNE, OAKLAND AND MACOMB COUNTIES.
TARGET POPULATIONS SERVED INCLUDE PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS, PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES, AT-RISK YOUTH, YOUNG MINORITY MALES AGES 16-30, UNEMPLOYED WOMEN, Chronically UNEMPLOYED AND UNDEREMPLOYED, AND FORMER OFFENDERS.
SPECIFIC SERVICES INCLUDED SUPPORTS COORDINATION FOR PERSONS WITH INTELLECTUAL/DEVELOPMENTAL DISABILITIES, ADULT EDUCATION SERVICES, EMPLOYMENT SKILLS TRAINING FOR YOUTH, EMPLOYMENT DEVELOPMENT SERVICES FOR THE CHRONICALLY UNEMPLOYED, WORK INCENTIVES PLANNING AND ASSISTANCE SERVICES FOR SOCIAL SECURITY DISABILITY AND SOCIAL SECURITY INCOME BENEFICIARIES, AND TRANSITIONAL WORK EXPERIENCE FOR WORK SOFT SKILLS DEVELOPMENT FOR COMMUNITY COMPETITIVE EMPLOYMENT.
EXPENSES $ 11,082,614. INCL GRANTS OF $ 153,635. REVENUE $ 4,506,032.

FORM 990, PART VI, SECTION B, LINE 11:
THE PRESIDENT AND CEO AND VP OF FINANCE REVIEW IN DETAIL THE 990, AND THEN THE BOARD OF DIRECTORS REVIEWS IT BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES ALL BOARD MEMBERS TO ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY TO AFFIRM THEIR RECEIPT OF THE POLICY AND UNDERSTANDING ITS CONTENTS AND INTENT. ALL EMPLOYEES SIGN A STATEMENT CONFIRMING RECEIPT OF THE CONFLICT OF INTEREST POLICY WHEN HIRED. HUMAN RESOURCES REVIEWS ANNUALLY.
TO DETERMINE IF ANY CHANGES ARE NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S HUMAN RESOURCE DEPARTMENT CONDUCTS WAGE AND SALARY ANALYSIS USING ASE, GII, MARO, AND SHRM (SOCIETY OF HUMAN RESOURCE MANAGEMENT).

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN PENSION OBLIGATION -432,665.

PART XII, LINE 2C
THERE WERE NO CHANGES IN OVERSIGHT FROM THE PRIOR YEAR
## Part I: Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN (if applicable) of disregarded entity</th>
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<table>
<thead>
<tr>
<th>(b)</th>
<th>Primary activity</th>
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<thead>
<tr>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
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<thead>
<tr>
<th>(d)</th>
<th>Total income</th>
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<thead>
<tr>
<th>(e)</th>
<th>End-of-year assets</th>
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<tbody>
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<thead>
<tr>
<th>(f)</th>
<th>Direct controlling entity</th>
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## Part II: 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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name, address, and EIN of related organization</th>
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<tbody>
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<table>
<thead>
<tr>
<th>(b)</th>
<th>Primary activity</th>
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<table>
<thead>
<tr>
<th>(c)</th>
<th>Legal domicile (state or foreign country)</th>
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<thead>
<tr>
<th>(d)</th>
<th>Exempt Code section</th>
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<thead>
<tr>
<th>(e)</th>
<th>Public charity status (if section 501(c)(3))</th>
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<tbody>
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<table>
<thead>
<tr>
<th>(f)</th>
<th>Direct controlling entity</th>
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<thead>
<tr>
<th>(g)</th>
<th>Section 501(c)(3) controlled entity</th>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
GOODWILL INDUSTRIES OF GREATER DETROIT

**Schedule N (Form 990) 2013**

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, eliminated from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percent of membership owned?</th>
<th>(i) Code VI USTI amount in box 20 of Schedule K-1 Form 1065</th>
<th>(j) Percentage ownership</th>
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**Part IV: Identification of Related Organizations Taxable as a Corporation or Trust**
Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) 512-514 controlled entity</th>
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32182 04-03-13

Schedule R (Form 990) 2015
### Part V: Transactions With Related Organizations

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
</tr>
<tr>
<td>b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
</tr>
<tr>
<td>c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
</tr>
<tr>
<td>d</td>
<td>Loans or loan guarantees to or from related organization(s)</td>
</tr>
<tr>
<td>e</td>
<td>Loans or loan guarantees by related organization(s)</td>
</tr>
<tr>
<td>f</td>
<td>Dividends from related organization(s)</td>
</tr>
<tr>
<td>g</td>
<td>Sale of assets to related organization(s)</td>
</tr>
<tr>
<td>h</td>
<td>Purchase of assets from related organization(s)</td>
</tr>
<tr>
<td>i</td>
<td>Exchange of assets with related organization(s)</td>
</tr>
<tr>
<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
</tr>
<tr>
<td>k</td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
</tr>
<tr>
<td>l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
</tr>
<tr>
<td>m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
</tr>
<tr>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
</tr>
<tr>
<td>o</td>
<td>Sharing of paid employees with related organization(s)</td>
</tr>
<tr>
<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
</tr>
<tr>
<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
</tr>
<tr>
<td>r</td>
<td>Other transfer of cash or property to related organization(s)</td>
</tr>
<tr>
<td>s</td>
<td>Other transfer of cash or property from related organization(s)</td>
</tr>
</tbody>
</table>

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th></th>
<th>Name of related organization</th>
<th>Transaction type</th>
<th>Amount involved</th>
<th>Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GOODWILL'S GREEN WORKS, INC.</td>
<td>D</td>
<td>300,000.00</td>
<td>ACTUAL</td>
</tr>
<tr>
<td>2</td>
<td>GOODWILL'S GREEN WORKS, INC.</td>
<td>Q</td>
<td>795,596.00</td>
<td>ACTUAL</td>
</tr>
<tr>
<td>3</td>
<td>GOODWILL'S GREEN WORKS, INC.</td>
<td>L</td>
<td>349,200.00</td>
<td>ACTUAL</td>
</tr>
</tbody>
</table>
### Part VI. Unrelated Organizations Taxable as a Partnership

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) As of last complete tax year</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Separate document filed</th>
<th>(i) Code VU81 inserted in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) Percentage ownership</th>
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