Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

п .	01 01	e 2022 calcidat year, or tax year beginning	cituing		
B 0	Check if pplicab	C Name of organization		D Employer identific	cation number
	Addre	WABASH VALLEY GOODWILL, INC			
	Name chang	e Doing business as		35-089693	10
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(812)235	-1827
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,698,855.
	Amen	IERRE HAUTE, IN 47802		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: MEREDITH OSBURN		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
1 1	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of	or 52	If "No," attach a	list. See instructions
JV	Vebsi	te: WWW.WVGOODWILL.ORG		H(c) Group exemption	n number
C F	orm of	forganization: X Corporation Trust Association Other	L Year		State of legal domicile: IN
Pa	irt	Summary	A. Calling		THE STATE OF THE S
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE O	
Activities & Governance		· · · · · · · · · · · · · · · · · · ·			
nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass	ets.
ver	3				13
g		Number of independent voting members of the governing body (Part VI, line 1b)			13
ల	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	***********	5	0
itie		Total number of volunteers (estimate if necessary)			0
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	***********	7a	0.
Ac	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
_//	8	Contributions and grants (Part VIII, line 1h)	DOMESTICAL SECTION AND ADDRESS OF THE PARTY	4,356,954.	3,640,178.
Revenue		Program service revenue (Part VIII, line 2g)	DEWINE TO	469,391.	582,907.
Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		322,162.	161,275.
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,113,178.	2,376,441.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,261,685.	6,760,801.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,999.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,858,469.	4,715,903.
ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses		Total fundraising expenses (Part IX, column (A), line 25)	0.	0.	REAL PROPERTY OF THE PARTY OF T
X		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,700,637.	1,782,271.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,580,105.	6,498,174.
		Developing land average Cultivate line 40 from the 40		1,681,580.	262,627.
· ·		Hevenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
und Balances	20	Total assets (Bort V. line 16)		10,601,998.	12,489,719.
Bal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		250,194.	2,883,904.
E	21	Net assets or fund balances. Subtract line 21 from line 20		10,351,804.	9,605,815.
_	rt II	Signature Block		10,331,004.	9,000,010.
177	ALC: NO. OF LANS ASSESSMENT	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatam	and to the heat of my	knowledge and helief it is
		andes of perjory, receiving that this very examined this return, including accompanying scriedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge and Dellei, it is
uc,	COLLEC	ti, and complete. Declaration of preparer (other trial officer) is based on all information of win	iicii prepare	mas any knowledge.	
`i~-		Signature of officer	1111	Date	
Sigr Hero		MEREDITH OSBURN, PRESIDENT AND CEO			
rere	9	Type or print name and title	die.		
_		And the second s		Date Check	TI PTIN
aid		Print/Type preparer's name MICHELLE SMITH, CPA MICHELLE SMITH,		05/01/23 self-employs	
	arer		CFA		P00844511 7-0818432
				Firm's EIN 3	1-0010427
at I	Only	Firm's address 7200 EAGLE CREST BLVD EVANSVILLE, IN 47715		0	121/21 0000
	AL P			J Phone no. (8	12)421-8000
nay	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2022)

Form 990 (2022) WABASH VALLEY GOODWILL, INC Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	.		х
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		- 21
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	-	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes." complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,		194	
	as applicable.		-1111	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		1
b	·	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	for the first state of the first	-1.135		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	1 <1	000	(2000)

Form 990	(2022) WABASH VALLEY GOODWILL, INC	35-0896910	P	age 4
Part IV	Checklist of Required Schedules (continued)	12		
			Yes	No
22 Did	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			

	The state of the s		res	140
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
	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	23	x	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		Via.	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			70"
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
50	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	1 00	,	
1 61	Check if Schedule O contains a response or note to any line in this Part V			
	Official Confidure Confidence a response of field to any fine in the fact of		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		1
b	The state of the s		100	i še
c	and the basic of the basic of the basic of the respondence and reportable gaming	1.01	0.7	12
_	(gambling) winnings to prize winners?	1c		

Form 990 (2022) WABASH VALLEY GOODWILL, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	WI WI		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	III CO.		
	filed for the calendar year ending with or within the year covered by this return2a	Almfa	377	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	180.7		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Part L
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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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).	1000	MA	2
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	504	1150	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	9,4000		
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9.	Sponsoring organizations maintaining donor advised funds.	100	11.	-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Eq.	TV.
а	Initiation fees and capital contributions included on Part VIII, line 12	2.8	180	18.7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	950	5	
11	Section 501(c)(12) organizations. Enter:		Taril.	100
а	Gross income from members or shareholders	1000	1313	100
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	3.50	90	
	amounts due or received from them.)	1537	100	100
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	183	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	= A	200	2,371
а	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.	1875		154
b	Enter the amount of reserves the organization is required to maintain by the states in which the	368		100
	organization is licensed to issue qualified health plans	533		1.35
C	Enter the amount of reserves on hand	TV	200	Exhibit.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
b		14b	_	—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	10/1	1 18	Tolks.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	3000	100	5 6
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	-	1
	If "Yes," complete Form 6069.		Title:	120

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13	300		-3-6
	If there are material differences in voting rights among members of the governing body, or if the governing			1	Met.		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	_1b		13		15	100
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		100	9.0	
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	- 1	- 1		
	of officers, directors, 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 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			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 approximately appr	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, 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	ar by th	e following:		55	PIE.	
а	The governing body?				8a	X	
b	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 rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the for	m?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					18/	nuv.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," c	lescribe				
	on 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?			1100000000	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent		14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				- 1	181	
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			- 1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a	L			(T. J.)
	taxable entity during the year?		*****	[16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation		NO.		ii.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	า'ร			E2h	
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedIN, IL						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990)-T (section 50	1(c)(3)s	only) a	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	cy, and	financ	ial	
	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 bod	oks an	d records				
	MEREDITH OSBURN - 812-235-1827						
	2702 S. THIRD STREET, TERRE HAUTE, IN 47802						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week	box,	not c	heck r ss per	more son i	than of s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MEREDITH OSBURN	40.00							152 454	0	_
PRESIDENT AND CEO	40.00	_	_	X	_	_	_	153,474.	0.	0 **
(2) SHAUNA THOMAS FINANCE DIRECTOR	40.00			x				43,849.	0.	0 .
(3) SANTHANA NAIDU	1.00			-		\vdash	\vdash	20,012		
CHAIRMAN				x				0.	0.	0.
(4) BILL AUBIN	1.00					T	Г			
DIRECTOR		X						0.	0.	0
(5) DAVID FRIEDRICH	1.00									
TREASURER		X						0.	0.	0
(6) MARY HALSTED	1.00									
DIRECTOR		X					_	0.	0.	0.
(7) RENE HANKINS	1.00									
VICE CHAIR				X				0 ,	0.	0.
(8) DR. JAN HARMENING	1.00									
DIRECTOR	1 00	X	_	H	_	├	₩	0.	0.	0.
(9) JOHN LUKENS	1.00						-			
DIRECTOR	1 00	X	_		-	╀	-	0.	0.	0.
(10) JOSH ZUERNER DIRECTOR	1.00	x						0.	0.	0.
(11) DR. WILLIAM SHRINER	1.00	┝	-			\vdash	┢	0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(12) CAROL MYERS	1.00	-	\vdash			\vdash	H	8		
DIRECTOR		\mathbf{x}						0.	0.	0.
(13) KRISTIN CRAIG	1.00	<u> </u>	\vdash			T	\vdash			7.1
DIRECTOR		x						0.	0.	0.
(14) STACIA PHILLIPS	1.00						Г	~		
DIRECTOR		X					L	0.	0.	0.
						T				
						_	-			
							L			

35-0896910

	(A) Name and title	(B) Average hours per week	(B) Average Ours per week (do not ch box, unless officer and					ne an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imate ount o	of	
	7	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	:/	compensation from the organization and related organization			
,									3						
	2														
							Г				T				
												3			
											+				
											+				
							-	_			+				
						_	-	_			-				
	2144								197,323.		0.			0 .	
1b :	Subtotal Total from continuation sheets to Part Vi	I, Section A							0		0.			0 .	
	Total (add lines 1b and 1c) Total number of individuals (including but n								197,323. eceived more than \$100.		0.			0 .	
	compensation from the organization			_	_	_	_	_					Yes	No.	
	Did the organization list any former officer	•						_	• •	-	31		9	v	
	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the st										. 1	3		Х	
	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	Х		
1	rendered to the organization? If "Yes." con					_			_			5		Х	
	on B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	nat received more than s	\$100,000 of compe	nsatio	n fro	m		
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	thin		ear.				12	
	(A) Name and business	address	N	INC	3				(B) Description of s	services	Cor	(C mper) nsatio	n	
										P					
	Total number of independent contractors (i		ot lii	mite	d to		se lis	ted	above) who received m	ore than	NI JA		E D		
	\$100,000 of compensation from the organi	zation	-		_			_				-	200.	2022)	

Form 990 (2022) WABASH The Part VIII | Statement of Revenue

		Check if Schedule O contains a response or	note to any line	in this Part VIII			
		CHECK II OCHOCALO O CONTAINS & TESPONSO OF	note to any mile	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0,10	4.0	Federated campaigns 1a		Large de Car	armini representa	in rowing the bloom	115300000000000
Contributions, Gifts, Grants and Other Similar Amounts		The state of the s					
Gra		Membership dues 1b					是第5月2日
A,	C	Illustration III					
ig ig	C						
Sin,	e	Government grants (contributions) 1e					
rtio	f	All other contributions, gifts, grants, and	2 640 470			179	
時期		similar amounts not included above 1f	3,640,178.				H-10-300 14-02-0
though the		Noncash contributions included in lines 1a-1f 1g \$	3,610,861.	2 640 450			
O g	<u>t</u>			3,640,178.			
		H	Business Code		No and the second		
e l	2 8		900099	576,931.	576,931.		
Σ	b	CONTRACT WORK	900099	5,976.	5,976.		
Se	c						
eve	c						
Program Service Revenue	e						
ď.	f	All other program service revenue					
		Total. Add lines 2a-2f		582,907.		The state of the s	19-31-70-1
	3	Investment income (including dividends, interest	, and				
		other similar amounts)		124,013.	124,013.		- 1
- 1	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		(i) Real	(ii) Personal				BURNES IN
	6 a	Gross rents 6a					1113 131
	ŀ	Less: rental expenses 6b				4 1 to 1 to 1	
- 1		Rental income or (loss) 6c					brode Total
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other	F1534.50 - 1	TATAL WILLIAM	Life State H	
		assets other than inventory 7a 1,035,827.	55,000.				
- 1	ŀ	Less: cost or other basis			17 by 12 10 1	The second	
<u>a</u>		and sales expenses 7b 986,465.	67,100.		Salvane 7		
딭		Gain or (loss) 7c 49,362.	-12,100.		The hading		
Revenue		Net gain or (loss)		37,262.	37,262.		
er B		Gross income from fundraising events (not			Walter Transfer	WE STUDIO	III ISSUE I
Oth	0 0	including \$ of			7. 4.1		NITES I
ا		contributions reported on line 1c). See				- 2014	
		Part IV, line 18					
		Less: direct expenses 8b					
		All 1.1 (I. A.C.) of a destate a constitution			a six viscolin		
		Gross income from gaming activities. See		A Tend (88) parts	The section of the section of	THE STREET	pri) operate i tra
	9 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
				PACES AND ALC: 18	ALCOHOL: SOFT	Charles Server	TOTAL BUSINESS AND
	10 8	a Gross sales of inventory, less returns and allowances 10a	6,260,930.				
			3,884,489.				
				2,376,441.	2,376,441.		
-		Net income or (loss) from sales of inventory	Business Code	2,570,441.	2,570,221		Security of the Co.
S.			Duamicas Code				
109	11 4				-	-	
Miscellaneous Revenue)					
Sce	•	All other courses			<u> </u>		
Z		All other revenue			701 7 2 3 2		10 - 30 - 10 - 11 - 11 - 11 - 11 - 11 -
		Total. Add lines 11a-11d		6,760,801.	3,120,623,	0.	0.
	12	Total revenue. See instructions		5,700,001.	3,120,023	0.	<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees *Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 197,323. 197,323. persons described in section 4958(c)(3)(B) 3,462,667. 379,836. 3,842,503. Other salaries and wages 7 Pension plan accruals and contributions (include 14,170. 146,777. 132,607. section 401(k) and 403(b) employer contributions) 238,206. 215,209. 22,997. Other employee benefits 9 291,094. 264,590. 26,504. 10 Payroll taxes Fees for services (nonemployees): 11 Management Legal _____ Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 49,499. 49,499. column (A), amount, list line 11g expenses on Sch O.) 9,010. 9,010. Advertising and promotion 12 177,268. 177,268. 13 Office expenses Information technology 14 15 Royalties 629,083. 613,710. 15,373. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 36,855. 36,855. Conferences, conventions, and meetings 19 20 72,175. 72,175. Payments to affiliates _____ 21 124,772. 112,991. 11,781. Depreciation, depletion, and amortization 22 10,510. 137,889. 127,379. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 353,948. 353,948. SUPPLIES TRANSPORTATION 102,423. 102,423. 66,453. 66,706. 253. REPAIRS AND MAINTENANCE C 22,611. 22,611. EMPLOYEE INCENTIVES 32. 32. All other expenses 5,483,630. 1,014,544. 0. 6,498,174. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1,613,306. 1,547,363. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 62,739. 100,498. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net Assets 967,229. 721,550. Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 6,124,074. basis. Complete Part VI of Schedule D ______ 10a 2,831,715. 2,899,669. 3,292,359. b Less: accumulated depreciation ______10b 10c 4,744,973. 4,108,892. 11 Investments - publicly traded securities 180,811. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 2,719,057. 133,271. 15 Other assets. See Part IV, line 11 15 10,601,998. 12,489,719. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 40,940. 47,865. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 202,329. 2,842,964. 250,194. 2,883,904. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 9,605,815. 10,351,804. 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 9,605,815. 10,351,804. 32 Total net assets or fund balances _____ 32 12,489,719. 10,601,998. Total liabilities and net assets/fund balances

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

X

2c

3a

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Publ

Open to Public Inspection

OMB No. 1545-0047

WABASH VALLEY GOODWILL, INC

Employer identification number 35-0896910

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)) Total

Pa	rt II Support Schedule for 0	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you checked			_	n failed to qualify u	ınder Part III. If the o	organization
_	fails to qualify under the tests	listed below, pleas	se complete Part I	H.)			
	ction A. Public Support					1	Transport T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1 3		
	include any "unusual grants.")				!	<u> </u>	
2	Tax revenues levied for the organ-		2				
	ization's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		- 22
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	The second second					
	on line 1 that exceeds 2% of the	. 112110111120					
	amount shown on line 11,						
_	column (f)						
	Public support, Subtract line 5 from line 4.		V-11-11-11-11-11-11-11-11-11-11-11-11-11				
-	The Control of the Co	(-) 0010	/F) 2010	(~) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(a) 2021	(6) 2022	(i) iotai
	Amounts from line 4						
8	Gross income from interest,					54	0
	dividends, payments received on						
	securities loans, rents, royalties,				1		
0	and income from similar sources Net income from unrelated business						
9					1		
	activities, whether or not the business is regularly carried on						
40	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10		72-	4.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
12	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	vear as a section :	501(c)(3)	
10	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the					nore, check this box	c and
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, and			
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
Ł	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						
	organization meets the facts-and-circ						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022 WABASH VALLEY GOODWILL, INC
Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to alify under the tests listed below, please complete Part II \

Car	quality under the tests listed be	elow, please comp	lete Part II.)				
	ction A. Public Support				-		Towns of an order
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	25 224	0 1100	15 000	4 - 4	00 04 5	106 260
	include any "unusual grants.")	37,994.	9,792.	15,202.	15,157.	28,217.	106,362.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5251317.	5492304.	4993441.	6758552.	6843837.	29339451.
3	Gross receipts from activities that				8: IF		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	2	*				
6	Total. Add lines 1 through 5	5289311.	5502096.	5008643.	6773709.	6872054.	29445813.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				-		0.
	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)		1 - 1-2 6 20 10 10	SOUTH SECTION		elmin jermingi	29445813.
	ction B. Total Support						<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	5289311.	5502096.	5008643.	6773709.	6872054.	29445813.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	60,057.	139,406.	82,435.	157,305.	124,013.	563,216.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	60,057.	139,406.	82,435.	157,305.	124,013.	563,216.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					8	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				18,422.	-12,100.	6,322.
13	Total support. (Add lines 9, 10c, 11, and 12.)	5349368.	5641502.	5091078.	6949436.		30015351.
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage		HOMEOUT TO SECURE		
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	98.10 %
	Public support percentage from 2021		-			16	98.11 %
	ction D. Computation of Inves						
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	1.88 %
	Investment income percentage from					18	1.89 %
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the						1
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	n did not check a l	hox on line 14 19:	a or 19b, check th	ani eee hax and see ins	tructions	073

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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9c		
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401	67	
10h		

Par	t IV Supporting Organizations (continued)	50		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1.12
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			Sec
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		_
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	ar notice		0, 1
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		T 1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		2934	
2	Did the organization operate for the benefit of any supported organization other than the supported			5 4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	But I		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		_	
000	uon o. Type ii oupporting organizationo	-	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1500	1103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	met a	10.00	
	or management of the supporting organization was vested in the same persons that controlled or managed	7.4		721
	the supported organization(s).	10		
Sec	tion D. All Type III Supporting Organizations			
	Way to the state of the state o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	NEW W	in the	U.
•	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		3.5	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		63
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	THE P
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	= 1	12	100
	significant voice in the organization's investment policies and in directing the use of the organization's		10.7	an.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	III the		
	supported organizations played in this regard,	3		
Sec	tion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.	100	E	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns)	T
2	Activities Test. Answer lines 2a and 2b below.	12 N	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			THE LE
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1334
	how the organization was responsive to those supported organizations, and how the organization determined	in the same	1000	
	that these activities constituted substantially all of its activities.	2a	-	- 11
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	43971		La C
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		100	188
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	(110)	1 4	
	these activities but for the organization's involvement.	2b	Line.	2500
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	201	18	
а		0-	1000	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	13	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 OU	1	

(ETC/SCHOOL/NOTE)	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti		izations	35-0896910 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1.		74
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	5.4		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
-	Income tay imposed in prior year			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Organ	nizations (contin	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ons	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-	SHEW TO THE RES			Per la
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	molecular (all the control of the co		75/61	
а	From 2017		The state of	200	
b	From 2018			Z ALLEY	A THE STREET STREET
С	From 2019	THE PARTY OF THE		- 1	
d	From 2020	A THE REST YEAR IS NOT THE			
e	From 2021	Cross Pro Par 16			
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				N SYLENDON
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)		particular temperatura	16 19	galactic to the letter of the
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		CAPTURE DESCRIPTION	14 14	
4	Distributions for 2022 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount	The state of the s	THE RESERVE		
	Remainder, Subtract lines 4a and 4b from line 4.		I WITE SID STEEL		Allega I you was a
5	Remaining underdistributions for years prior to 2022, if	The Control of the Co			
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, exolain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in		31.10	4 8 1	
	Part VI. See instructions.			1	
7	Excess distributions carryover to 2023. Add lines 3j			0.60	tan Kabi Pingi
1	and 4c.	21	1 500		
8	Breakdown of line 7:	NOTES AND DE			E E I S E NO 841 E
	Excess from 2018	AND DE L'ENSORE	is the state of the	TO VETT	
-	Excess from 2019	974000 1111 500 121 188		15,-24	and the state of t
	Excess from 2020	A SALTON STATE MANUAL VIEW CO.	Employee Employee	Albert 1	as a cultural control of
	Excess from 2021			200	CONTRACTOR OF THE PARTY OF THE
	Excess from 2022	No. at the state of the		360	NA THE PARK II
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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WABA	SH VALLEY	Y GOODWILI	, INC		35-0896910	Page 8
Part VI	Supplemental Part IV Section A	Information. lines 1, 2, 3b, 3c	Provide the exp , 4b, 4c, 5a, 6, 9 d 3: Part IV Sect	lanations required a, 9b, 9c, 11a, 11b	by Part II, line 10; , and 11c; Part IV, 2b. 3a. and 3b; P	art V. line 1: Part \	17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa nal information.	n C, urt V,
	(CCC Instruction)							
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Publ

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

WABASH VALLEY GOODWILL, INC

Employer identification number 35-0896910

Par	t I Organizations Maintaining Donor Advised	frunds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	s A . I list a significant Transcription on OH	au Cimilau Apasta
Pai	t III Organizations Maintaining Collections of		ler Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
þ	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		*
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X		\$

Sched		VALLEY GOOD			011				Page 2
	t III Organizations Maintaining Co							s (continue	d)
3	Using the organization's acquisition, accession	on, and other record	s, check any of	the following th	at make s	ignificant ı	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	Loan o	exchange prog	gram				
b	Scholarly research	e	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they furth	er the organiza	tion's exe	mpt purpo	se in Part	XIII	
5	During the year, did the organization solicit or	r receive donations	of art, historical	treasures, or ot	her simila	r assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization	s collection?	A10.00.00.00.00.00.00.00.00.00.00.00.00.0			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the organi	zation answere	d "Yes" or	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribu	itions or other a	assets not	included		0.0	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a						profession .		
								Amount	
С	Beginning balance					1c			
	Additions during the year					(A)			
_	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Par									
, 64	E T LINGS THE TANKS OF THE TANKS	(a) Current year	(b) Prior ye		ears back		vears hack	(e) Four ye	ars hack
		(a) Current year	(D) I HOI you	ai (c) iwo y	our o buon	(d) Throo	youro buon	(c) rour yo	aro baok
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships							-	
е	Other expenditures for facilities		1						
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, colur	nn (a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment								
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld egual 100%.							
3a	Are there endowment funds not in the posse		ation that are h	eld and adminis	tered for t	he			
	organization by:	J						Y	es No
	(i) Unrelated organizations							3a(i)	5
	(ii) Related organizations								\neg
Ь	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the				***********			. 00	
Par		The state of the s	Swifferit failus.						
1 011	Complete if the organization answere		n Part IV line 1	1a See Form 9	90 Part X	line 10			
							nd T	(d) Book v	roluo.
	Description of property	(a) Cost or basis (invest		Cost or other pasis (other)		Accumulat epreciatior		(a) Book (alue
	1	1 627		22010 (011101)	III.	Sprodiation		1,637	647
	Land	0 000			1	411,5	70	1,375	
	Buildings		628.		1	208,0			,624.
	Leasehold improvements	4 4 6 5			1	212,1			,438.
	Equipment		313.		1,	414,1	41.	433	,430.
	Other		*					2 202	250
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. column (B),	line 10c.)				3,292	,359.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

2,842,964.

(8)(9)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number 35-0896910 WABASH VALLEY GOODWILL, INC Part I | Questions Regarding Compensation

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	JE //	K EU	354
~	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		-50	19.5
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	- 0		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			8 3
	Discretionary spending account.			5 1
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	EX		
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
0	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	10	- 5	
2		2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		17/1	
			- DO	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1135	100	4
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	15		
	establish compensation of the CEO/Executive Director, but explain in Part III.	10.00	100	100
	Compensation committee Written employment contract		100	J. U.
	Independent compensation consultant Compensation survey or study		1	
	Form 990 of other organizations Approval by the board or compensation committee		160	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		MI	
	organization or a related organization:		521	77
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.		3	
			1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		10	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	.= 15	-	
	contingent on the revenues of:		9 1	30
а	The organization?	_5a		X
b	Any related organization?	5b		X
	If "Yes" on 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		100	
	contingent on the net earnings of:			HOS
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	11	100	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1.77		100
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			72.5
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1.49/1	11.5	
_	Parulations section 53 4958-6(n)?	9		

WABASH VALLEY GOODWILL, INC Schedule J (Form 990) 2022

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

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

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

	9	sreakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	8	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	9	153.474.	0	0	*0	0 *	153,474.	0
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	(E)							
	(ii)							
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022	
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WABASH VALLEY GOODWILL, INC

Employer identification number 35-0896910

Pal	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determin contribution a		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		100,714.	THRIFT	VALUE		
5	Clothing and household goods	X	1/45/8 L/ L/3	5,102,805.				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
_	Securities Classic held steek							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or	27						
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24								
	Archeological artifacts						_	
25	Other ()						_	
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organic							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement29			_	
- 1						_	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	oorted in Part I, lines 1 throug	gh 28, that it	1407	17/	23
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for		100	MIX
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.						100	No.
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	tions?	31		X
	Does the organization hire or use third parties			•	*****			
	contributions?		-			32a		x
Ь	If "Yes," describe in Part II.					1,72	JIME.	3.50
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	v for which column (a) is che	cked	100	Mal	LANG!
-	describe in Part II.		, po oi piopeit	, Whom column (a) is one	,	100	MATERIAL PROPERTY.	EN P

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

Schedule M (Form 990) 2022

Part II S	im 990) 2022 WABASH VALUEY GOODWILL, THE 55-0696910 Page 2 supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete his part for any additional information.
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

WABASH VALLEY GOODWILL, INC

Employer identification number 35-0896910

33 0030310
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GOODWILL INDUSTRIES IS A NONPROFIT PROVIDER OF EMPLOYMENT AND OTHER
CRITICAL COMMUNITY BASED SERVICES FOR PEOPLE WHO HAVE A DISABILITY,
PEOPLE WHO LACK EDUCATION OR JOB EXPERIENCE, HOUSEHOLDS FACING ECONOMIC
CHALLENGES, AND OTHERS IN NEED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING
THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
GOODWILL REQUIRES EVERY BOARD MEMBER TO FILL OUT/DISCLOSE AND RETURN AN
ANNUAL CONFLICT OF INTEREST STATEMENT. ALL EMPLOYEES RECEIVE ANNUAL
TRAINING REGARDING THE ORGANIZATION'S CODE OF ETHICS.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION COMMITTEE MEETS AND REVIEWS THE CEO'S PERFORMANCE AND
COMPARES THEIR COMPENSATION PACKAGE TO OTHER LOCAL NOT-FOR-PROFITS AND
OTHER GOODWILL AGENCIES OF SIMILAR SIZE. THE COMMITTEE MAKES A DECISION AND
PRESENTS IT TO THE ENTIRE BOARD AT THE DECEMBER BOARD MEETING FOR APPROVAL.
COMMITTEE MINUTES ARE KEPT ALONG WITH MINUTES OF THE BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19:
GOODWILL PROVIDES, UPON REQUEST, COPIES OF THE 990, BYLAWS, CONFLICT OF

INTEREST POLICIES AND ITS ANNUAL REPORT. THE 990 AND OUR ANNUAL REPORT ARE

Schedule O (Form 990) 2022	Page 2
Name of the organization WABASH VALLEY GOODWILL, INC	Employer identification number 35-0896910
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST AT COMMUNITY FOUNDATION	-12,640.
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