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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GOODWILL INDUSTRIES OF NORTHWEST
NORTH CAROLINA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 4299

City or town, state or country, and ZIP + 4
WINSTONSALEM, NC 27115

D Employer identification number
56-0588474

E Telephone number
(336)724-3621

G Gross receipts $ 67,388,829

F Name and address of principal officer
ARTHUR A GIBEL
PO BOX 4299
WINSTONSALEM,NC 27115

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GOODWILLNWNC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1926 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
HELPING THE DISABLED AND OTHERS OVERCOME BARRIERS TO EMPLOYMENT AND ACHIEVE INDEPENDENCE

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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,797
6	Total number of volunteers (estimate if necessary)	**6**	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	23,663
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	20,397

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	11,296,754	12,318,148
	9 Program service revenue (Part VIII, line 2g)	7,366,560	8,301,772
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,526	69,551
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,296,652	34,880,137
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,019,492	55,569,608
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,551,831	8,055,721
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	27,540,472	30,484,302
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,319,973	13,141,644
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,412,276	51,681,667
	19 Revenue less expenses Subtract line 18 from line 12	2,607,216	3,887,941

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	80,162,268	85,037,591
	21 Total liabilities (Part X, line 26)	5,702,426	6,689,808
	22 Net assets or fund balances Subtract line 21 from line 20	74,459,842	78,347,783

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-11-13
Signature of officer | Date

ARTHUR A GIBEL PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
DAVID VOGLER		☐	P00187735

Firm's name (or yours if self-employed), address, and ZIP + 4: DIXON HUGHES GOODMAN LLP, ONE WEST FOURTH STREET SUITE 700, WINSTONSALEM, NC 27101

EIN ▶ 56-0747981

Phone no ▶ (336) 714-8100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

GOODWILL ASSISTS PERSONS WITH DISABILITIES AND OTHER SPECIAL NEEDS WHO WISH TO OVERCOME BARRIERS TO EMPLOYMENT AND ACHIEVE INDEPENDENCE

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 ☑ 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 ☑ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 15,192,812 including grants of $ 8,055,721) (Revenue $ 3,495,520)

WORKFORCE DEVELOPMENT - SEE SCHEDULE O

4b (Code) (Expenses $ 26,267,942 including grants of $) (Revenue $)

RETAIL OPERATIONS - SEE SCHEDULE O

4c (Code) (Expenses $ 4,895,400 including grants of $) (Revenue $ 4,806,252)

CONTRACT OPERATIONS - SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 46,356,154

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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 as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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?	**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) and 501(c)(4) 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**		No
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**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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*	**36**		No
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*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	127		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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**	1,797		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	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?			**6a**		No
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).**					
a	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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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**	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	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**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CURTIS BLAND
2701 UNIVERSITY PARKWAY
WINSTONSALEM, NC 27105
(336) 724-3625

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,286,651	0	161,530

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 8

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
WALTER ROBBS CALLAHAN & PIERCE ARCHITECT 305 W 4TH ST WINSTONSALEM, NC 27101	ARCHITECT SERVICES	257,552
MILLER LANDSCAPE ARCHITECTURE PA 120 CLUB OAKS COURT SUITE 100 WINSTONSALEM, NC 27104	LANDSCAPE ARCHITECTURE	143,781
C&M CLEANING INC PO BOX 2430 THOMASVILLE, NC 27361	FLOOR CARE	140,187
BETTY D SOUTHERN DBA BJ TRUCK REPAI PO BOX 96 WALNUT COVE, NC 27052	TRUCK & TRAILER REPAIR & MAINTENANCE	130,897

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 22,738				
	b	Membership dues 1b				
	c	Fundraising events 1c 18,165				
	d	Related organizations 1d 885,000				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 11,392,245				
	g	Noncash contributions included in lines 1a-1f $ 11,346,612				
	h	**Total.** Add lines 1a-1f	12,318,148			
Program Service Revenue		Business Code				
	2a	WORKFORCE DEV/CONTRACT 561300	8,301,772	8,301,772		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	8,301,772			
	3	Investment income (including dividends, interest and other similar amounts)	33,967			33,967
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents 300				
	b	Less rental expenses 0				
	c	Rental income or (loss) 300				
	d	Net rental income or (loss)	300			300
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 82,913				
	b	Less cost or other basis and sales expenses 47,329				
	c	Gain or (loss) 35,584				
	d	Net gain or (loss)	35,584			35,584
Other Revenue	8a	Gross income from fundraising events (not including $ 18,165 of contributions reported on line 1c) See Part IV, line 18 a 25,885				
	b	Less direct expenses b 25,885				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a 46,602,181				
	b	Less cost of goods sold b 11,746,007				
	c	Net income or (loss) from sales of inventory	34,856,174			34,856,174
		Miscellaneous Revenue / Business Code				
	11a	PARKING FEES 812930	23,663		23,663	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	23,663			
	12	**Total revenue.** See Instructions	55,569,608	8,301,772	23,663	34,926,025

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,022,770	8,022,770		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	32,951	32,951		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,313,445	369,344	944,101	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	22,491,817	20,535,645	1,956,172	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,502,381	1,319,341	183,040	
9	Other employee benefits	3,252,057	2,962,442	289,615	
10	Payroll taxes	1,924,602	1,729,323	195,279	
11	Fees for services (non-employees)				
a	Management				
b	Legal	63,156		63,156	
c	Accounting	212,830		212,830	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,686,229	1,485,661	200,568	
12	Advertising and promotion	295,651	123,613	172,038	
13	Office expenses	1,300,330	1,148,853	151,477	
14	Information technology				
15	Royalties . .				
16	Occupancy	2,562,117	2,513,854	48,263	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	118,026	58,946	59,080	
20	Interest				
21	Payments to affiliates	153,480		153,480	
22	Depreciation, depletion, and amortization	3,364,779	3,118,972	245,807	
23	Insurance	146,589	141,194	5,395	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	UNRELATED BUSINESS TAX	4,239		4,239	
b	TRANSPORTATION	836,219	732,691	103,528	
c	EQUIPMENT RENTAL/MAINT	771,005	652,677	118,328	
d	TRASH REMOVAL	694,442	694,431	11	
e					
f	All other expenses	932,552	713,446	219,106	
25	**Total functional expenses.** Add lines 1 through 24f	51,681,667	46,356,154	5,325,513	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		31,500	1	33,500
	2	Savings and temporary cash investments		11,022,611	2	10,305,411
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,199,640	4	1,581,890
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,272,881	8	1,402,166
	9	Prepaid expenses and deferred charges		354,693	9	384,056
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 90,032,106			
	b	Less accumulated depreciation	10b 18,701,538	66,280,943	10c	71,330,568
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		80,162,268	16	85,037,591
Liabilities	17	Accounts payable and accrued expenses		4,841,372	17	5,486,210
	18	Grants payable			18	
	19	Deferred revenue		103,874	19	418,473
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		757,180	25	785,125
	26	**Total liabilities.** Add lines 17 through 25		5,702,426	26	6,689,808
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		74,439,842	27	78,327,783
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		20,000	29	20,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		74,459,842	33	78,347,783
	34	Total liabilities and net assets/fund balances		80,162,268	34	85,037,591

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	55,569,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,681,667
3	Revenue less expenses Subtract line 2 from line 1	3	3,887,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	74,459,842
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	78,347,783

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	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?	3a		No
b	If "Yes," 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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ 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)

10 ☐ 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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,847,719	8,671,457	9,336,156	11,296,754	12,318,148	50,470,234
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,847,719	8,671,457	9,336,156	11,296,754	12,318,148	50,470,234
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,590,037
6 **Public Support.** Subtract line 5 from line 4						46,880,197

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,847,719	8,671,457	9,336,156	11,296,754	12,318,148	50,470,234
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	506,424	300,097	183,366	108,279	34,267	1,132,433
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,227	8,532	17,752	17,311	21,397	73,219
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	769					769
11 **Total support** (Add lines 7 through 10)						51,676,655

12	Gross receipts from related activities, etc (See instructions)	12	223,831,193

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	90 720 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 090 %

16a **33 1/3% support test—2011.** 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 ☑

b **33 1/3% support test—2010.** 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** 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 "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC	56-0588474

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 on behalf of or in opposition to candidates for public office 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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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 funtion 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? ☐ Yes ☐ 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-

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.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j 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**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		784
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			784
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	MET WITH LOCAL GOVERNMENT OFFICIALS CONCERNING COLLECTION BIN REGULATIONS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	30,000	30,000	30,000	30,000	
b Contributions					
c Investment earnings or losses	233	271	593	1,160	
d Grants or scholarships					
e Other expenditures for facilities and programs	233	271	593	1,160	
f Administrative expenses					
g End of year balance	30,000	30,000	30,000	30,000	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 33 330 %
- b Permanent endowment ▶ 66 670 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,521,062		26,521,062
b Buildings		38,350,451	8,546,033	29,804,418
c Leasehold improvements		14,868,503	4,782,957	10,085,546
d Equipment		9,175,723	5,372,548	3,803,175
e Other		1,116,367		1,116,367
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				71,330,568

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION PAYABLE	785,125
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	785,125

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,569,608
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,681,667
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,887,941
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,887,941

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	67,305,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	11,771,892		
e	Add lines **2a** through **2d**			2e	11,771,892
3	Subtract line **2e** from line **1**			3	55,534,024
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	35,584		
c	Add lines **4a** and **4b**			4c	35,584
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	55,569,608

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	63,417,975
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	11,771,892		
e	Add lines **2a** through **2d**			2e	11,771,892
3	Subtract line **2e** from line **1**			3	51,646,083
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	35,584		
c	Add lines **4a** and **4b**			4c	35,584
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	51,681,667

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT WAS ESTABLISHED TO PROVIDE INCOME TO FINANCIALLY SUPPORT SPECIFIC ANNUAL EVENTS OF GOODWILL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA, INC (GOODWILL) IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES GOODWILL HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2011 AND 2010
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS COST OF GOODS SOLD 11,746,007 RECLASS SPECIAL EVENT EXPENSES 25,885
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS GAIN ON DISPOSAL OF FIXED ASSETS 35,584
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RECLASS COST OF GOODS SOLD 11,746,007 RECLASS SPECIAL EVENT EXPENSES 25,885
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASS GAIN ON DISPOSAL OF FIXED ASSETS 35,584

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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**

b 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	44,050			44,050
	2 Less Charitable contributions	18,165			18,165
	3 Gross income (line 1 minus line 2)	25,885			25,885
Direct Expenses	4 Cash prizes	4,000			4,000
	5 Non-cash prizes	4,265			4,265
	6 Rent/facility costs	10,610			10,610
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,010			7,010
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(25,885)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				0

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

11 Does the organization operate 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 operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I General Information on Grants and Assistance

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? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATIONPO BOX 4299 WINSTONSALEM,NC 27115	20-3536704	501(C)(3)	8,000,000				TO PROVIDE FINANCIAL SUPPORT FOR THE PROGRAMMATIC NEEDS OF GOODWILL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION PAYMENT TO GOODWILL CLIENTS FOR EMPLOYMENT TRAINING CLASSES	100	21,451			
(2) COLLEGE SCHOLARSHIPS TO CHILDREN OF GOODWILL EMPLOYEES	11	11,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GOODWILL MANAGEMENT IS DIRECTLY INFORMED BY THE BOARD OF DIRECTORS OF THE NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION OF FUND USAGE AS APPROVED BY THE INDEPENDENT BOARD THE FOUNDATION IS A FINANCIALLY INTERRELATED ORGANIZATION THAT IS NOT CONTROLLED BY GOODWILL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CURTIS BLAND	(i)	146,370	13,149	588	12,964	9,938	183,009	0
	(ii)	0	0	0	0	0	0	0
(2) SHERRY CARPENTER	(i)	148,970	13,361	1,173	12,555	7,338	183,397	0
	(ii)	0	0	0	0	0	0	0
(3) JOHN CUNNINGHAM	(i)	149,870	13,021	4,073	12,545	6,438	185,947	0
	(ii)	0	0	0	0	0	0	0
(4) ARTHUR GIBEL	(i)	251,340	21,545	8,520	19,600	14,313	315,318	0
	(ii)	0	0	0	0	0	0	0
(5) WILLIAM HAYMORE	(i)	141,395	9,967	1,069	11,862	6,976	171,269	0
	(ii)	0	0	0	0	0	0	0
(6) WILLIAM HUFFMAN	(i)	127,435	7,893	2,063	10,843	9,431	157,665	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SPOUSAL TRAVEL FOR ART GIBEL, CEO, IS PROVIDED FOR ONE GOODWILL CONFERENCE PER YEAR

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
(1) KAYLIN HAYMORE	DAUGHTER OF WILLIAM HAYMORE, VP OF FACILITIES	$1,000 COLLEGE SCHOLARSHIP

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHERRY POLONSKY	DIRECTOR	355,412	SHERRY POLONSKY IS A VP OF WILCO HESS, WHICH IS THE PRIMARY PROVIDER OF FUEL FOR OUR VEHICLES SHE DOES NOT SERVE AS OUR CONTACT AT WILCO HESS, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH		No
(2) CHRIS FOX	DIRECTOR	661,289	CHRIS FOX IS A VP OF HANESBRANDS INC, WHICH IS ONE OF OUR CONTRACT SERVICES CUSTOMERS HE DOES NOT SERVE AS OUR CONTACT AT HANESBRANDS INC, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH		No
(3) BRENT WADDELL	DIRECTOR	143,423	BRENT WADDELL IS A SENIOR VP OF BRANCH BANKING & TRUST CO , WHICH PROVIDES BANKING AND INVESTMENT SERVICES TO GOODWILL HE DOES NOT SERVE AS OUR CONTACT AT BRANCH BANKING & TRUST CO , AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

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Name of the organization
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Employer identification number
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Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		11,329,274	FAIR VALUE
6	Cars and other vehicles	X	17	17,338	FAIR VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or 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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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Name of the organization
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Employer identification number
56-0588474

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990, IN DRAFT, IS PRESENTED TO THE AUDIT COMMITTEE FOR ITS APPROVAL ANY CHANGES SUGGESTED BY THE COMMITTEE ARE MADE AND A FINAL COPY IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AT GOODWILL'S NOVEMBER BOARD MEETING, THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH BOARD MEMBER EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND SUBMIT IT TO THE CHIEF COMPLIANCE OFFICER ALL COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE AUDIT COMMITTEE TO DETERMINE WHETHER CONFLICTS OF INTEREST EXIST THE CHIEF EXECUTIVE OFFICER, CHIEF COMPLIANCE OFFICER AND EXECUTIVE SECRETARY ARE RESPONSIBLE FOR ENSURING BOARD MEMBERS RECUSE THEMSELVES FROM VOTING WHEN APPROPRIATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN 2009, THE COMPENSATION COMMITTEE ENGAGED MERCER CONSULTING TO CONDUCT A COMPENSATION SURVEY FOR EACH EXECUTIVE POSITION THE RESULTS FROM THAT SURVEY, ADJUSTED FOR INFLATION, WERE USED TO ENSURE COMPENSATION WAS IN LINE WITH THE SURVEY AND GOODWILL'S COMPENSATION PHILOSOPHY THE COMPENSATION COMMITTEE IS SOLELY RESPONSIBLE FOR RECOMMENDING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE CHIEF EXECUTIVE OFFICER RECOMMENDS SALARY AND BONUS LEVELS FOR THE VICE PRESIDENTS TO THE COMPENSATION COMMITTEE FOR THEIR APPROVAL WITH CONSIDERATION GIVEN TO THE MERCER SURVEY THE COMPENSATION COMMITTEE, DURING CLOSED SESSION, PRESENTS THEIR RECOMMENDATIONS TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS AND HAS FINAL VOTING AUTHORITY OF COMPENSATION LEVELS BASED ON THE RECOMMENDATIONS OF THE COMPENSATION COMMITTEE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT GOODWILL'S OFFICES LOCATED AT 2701 UNIVERSITY PARKWAY, WINSTON-SALEM, NC 27105

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	AT GOODWILL, WE BELIEVE THAT ALL PEOPLE, REGARDLESS OF SITUATION, SHOULD HAVE ACCESS TO ME ANINGFUL EMPLOYMENT EACH TIME YOU DONATE ITEMS TO GOODWILL OR SHOP IN OUR STORES, YOU ARE SUPPORTING TRAINING PROGRAMS THAT HELP PEOPLE WITH BARRIERS TO EMPLOYMENT TO FIND JOBS AN D BECOME MORE SELF-SUFFICIENT GOODWILL IS MANY THINGS WE ARE A DONOR-DRIVEN AGENCY WE A RE A SOCIAL ENTREPRENEUR WE ARE A MAJOR RECYCLER OF TEXTILES, ELECTRONICS, AND OTHER MATE RIALS BUT MOST IMPORTANTLY, WE ARE A LEADER IN WORKFORCE DEVELOPMENT SERVICES THROUGH CL ASSES, TRAINING, AND WORK EXPERIENCE OFFERED AT OUR VARIOUS LOCATIONS, PEOPLE DEVELOP THE MARKETABLE SKILLS THEY NEED TO OBTAIN AND MAINTAIN MEANINGFUL EMPLOYMENT MISSION ------- GOODWILL CREATES OPPORTUNITIES FOR PEOPLE TO ENHANCE THEIR LIVES THROUGH TRAINING, WORKFOR CE DEVELOPMENT SERVICES AND COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS HISTORY ---- --- GOODWILL WAS FOUNDED IN 1926 BY CENTENARY UNITED METHODIST CHURCH IN WINSTON-SALEM TO PROVIDE A MEANS OF EMPLOYMENT FOR THE COMMUNITY'S RESIDENTS WITH DISABILITIES CLOTHING AN D OTHER ITEMS WERE GATHERED FROM COMMUNITY MEMBERS AND THEN REPAIRED AND SOLD BY CITIZENS WITH DISABILITIES OVER TIME, GOODWILL EXPANDED ITS MISSION TO INCLUDE INDIVIDUALS WITH SO CIOECONOMIC BARRIERS TO EMPLOYMENT THE PHILOSOPHY OF "A HAND UP, NOT A HAND OUT" WAS THE IMPETUS FOR THE FOUNDING OF GOODWILL AND THE ORGANIZATION REMAINS COMMITTED TO THAT CONCEP T TODAY ---------- PROGRAM S ERVICES ---------- GOODWILL IS A COMMUNITY-BASED ORGANIZATION OPEN TO SERVING ALL IN DIVIDUALS SEEKING JOB TRAINING AND EDUCATION THE ORGANIZATION PROVIDES A WIDE RANGE OF TR AINING, PLACEMENT AND WORKFORCE DEVELOPMENT SERVICES TO HELP PEOPLE DEVELOP THE SKILLS THE Y NEED TO FIND JOBS AND BECOME MORE INDEPENDENT THE PEOPLE GOODWILL SERVES COME FROM A BR OAD RANGE OF BACKGROUNDS AND SITUATIONS MANY PEOPLE ARE UNEMPLOYED OR UNDEREMPLOYED, WHIL E OTHERS ARE SIMPLY WISHING TO GAIN ADDITIONAL TRAINING TO MOVE UP IN THEIR CURRENT INDUST RY OR COMPANY GOODWILL SERVES PEOPLE WITH PHY SICAL AND/OR DEVELOPMENTAL DISABILITIES AND ALSO THOSE WITH DIFFERENT BARRIERS TO EMPLOYMENT SUCH AS LACK OF EDUCATION, A CRIMINAL REC ORD, OR NEED FOR TRAINING WORKFORCE DEVELOPMENT SERVICES ---------- G OODWILL'S WORKFORCE DEVELOPMENT PROGRAMS OFFER A WIDE RANGE OF TRAINING TO HELP PEOPLE DEV ELOP THE SKILLS THEY NEED TO FIND JOBS AND BECOME MORE INDEPENDENT SERVICES INCLUDE > CA REER CONNECTIONS OFFERS FREE, PERSONALIZED SERVICES TO ASSIST JOB SEEKERS INCLUDING RESU ME-WRITING ASSISTANCE, SKILLS ASSESSMENT, CAREER COUNSELING, ACCESS TO COMPUTERS AND HIGH- SPEED INTERNET, AND HELP WITH INTERVIEWING SKILLS AND PLACEMENT SERVICES > E-LINK YOUTH P ROGRAM PROVIDES YEAR-ROUND EDUCATIONAL AND JOB READINESS/PLACEMENT SERVICES FOR LOW INCOM E YOUTH (16 - 21) WITH BARRIERS TO SUCCESS > PROJECT RE-ENTRY PROVIDES TRANSITION SERVIC ES FOR EX-OFFENDERS RETURNING TO THE COMMUNITY AFTER SERVING ACTIVE PRISON SENTENCES PROJ ECT RE-ENTRY WORKS THROUGH A SYSTEM OF PRE- AND POST-RELEASE SERVICES THAT BEGIN WITH INMA TES UP TO EIGHTEEN MONTHS PRIOR TO RELEASE LONG-TERM SERVICES CONTINUE AFTER THE INMATES ARE RELEASED GOODWILL PARTNERS WITH THE NORTHWEST PIEDMONT COUNCIL OF GOVERNMENTS AND THE DEPARTMENT OF CORRECTION TO OFFER EMPLOYMENT AND TRAINING SERVICES THAT HELP EX-OFFENDERS FIND JOBS AND BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY > EMPLOYMENT SERVICES GOODWILL 'S ULTIMATE GOAL IS FOR PEOPLE TO OBTAIN AND MAINTAIN MEANINGFUL EMPLOYMENT OUR EMPLOYMEN T SERVICES DEPARTMENT PLACES TRAINED PARTICIPANTS IN COMPETITIVE EMPLOYMENT AND, IN DOING SO, GIVES LOCAL BUSINESSES ACCESS TO DEPENDABLE EMPLOYEES WHO ARE WELL TRAINED AND WILLING TO LEARN GOODWILL OFFERS INDIVIDUALS AN OPPORTUNITY TO PERFECT THEIR JOB SKILLS PRIOR TO EMPLOYMENT THROUGH A WIDE RANGE OF ACTIVITIES DESIGNED TO OFFER "REAL-LIFE" EXPERIENCE IN CLUDING JOB COACHING, MOCK INTERVIEWS, INTERNSHIPS AND RESUME, APPLICATION AND JOB SEARCH ASSISTANCE > SKILLS TRAINING GOODWILL OFFERS A VARIETY OF SKILLS TRAINING CLASSES IN PAR TNERSHIP WITH AREA COMMUNITY COLLEGES THESE CLASSES OFFER THE SKILLS NECESSARY FOR JOBS I N SPECIFIC FIELDS SUCH AS HEALTHCARE, SKILLED TRADES, OFFICE TECHNOLOGY AND SERVICE INDUST RIES > YOUTH IN TRANSITION GOODWILL IS THE LEAD AGENCY FOR THE YOUTH IN TRANSITION INITI ATIVE, A COMPREHENSIVE COMMUNITY PLAN DESIGNED FOR YOUTH TRANSITIONING OUT OF FOSTER CARE THE INITIATIVE REPRESENTS DIVERSE FORSYTH COUNTY INDIVIDUALS, ORGANIZATIONS, AND A YOUTH LEADERSHIP BOARD, COMPRISED OF PREVIOUS AND CURRENT FOSTER YOUTH, WHO WORKED TOGETHER TO R ESEARCH EXISTING PROGRAMS, IDENTIFY SERVICE GAPS, AND BRING TOGETHER BENEFICIAL SERVICES THE INITIATIVE WILL PROVIDE INDIVIDUALIZED SUPPORT IN AREAS INCLUDING FINANCIAL LITERACY, INDIVIDUAL DEVELOPMENT ACCOUNTS, HOUSING, EDUCATION, AND MENTORING > YOUTH INTERVENTION WORKING WITH YOUNG ADULTS ON AN INDIVIDUALIZED BAS

Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	IS TO OFFER VOCATIONAL, EDUCATIONAL, LIFE SKILLS, AND FAMILY SUPPORT NEEDED TO SUCCESSFULL Y TRANSITION FROM OR MINIMIZE THE INFLUENCE OF GANG LIFE OUTCOMES-UPDATE --------> IN 2 011, GOODWILL SERVED 47,351 PEOPLE IN ITS EMPLOY MENT AND TRAINING PROGRAMS AND PLACED 6,75 7 PEOPLE INTO COMPETITIVE EMPLOY MENT RETAIL OPERATIONS ---------- GOODWILL OPERATE S 36 RETAIL STORES AND 3 OUTLET STORES DONATIONS FROM THE COMMUNITY OF CLOTHING, HOUSEHOL D ITEMS, TOYS, SHOES, FURNITURE AND ELECTRONICS ARE SORTED AND SOLD IN THE STORES TO UNDER WRITE GOODWILL'S EMPLOY MENT AND TRAINING PROGRAMS THE MISSION OF GOODWILL IS AT THE CORE OF ALL THAT RETAIL EMPLOY EES DO ALL STAFF UNDERSTAND THEIR ROLE IN MENTORING AND COACHING CLIENTS ASSIGNED TO RETAIL STORES FOR SERVICES RETAIL OPERATIONS ALSO OFFER MANY WORKFOR CE DEVELOPMENT OPPORTUNITIES INCLUDING > OFFERING WORKFORCE DEVELOPMENT TRAINING FOR GOOD WILL CLIENTS (E.G YOUTH INTERVENTION, E-LINK YOUTH PROGRAM, ADULT DAY VOCATIONAL PROGRAM, SUPPORTED EMPLOY MENT, CAREER CONNECTIONS) > OFFERING WORKFORCE DEVELOPMENT TRAINING FOR CLIENTS OF NUMEROUS LOCAL AND REGIONAL ORGANIZATIONS (E.G DEPARTMENT OF SOCIAL SERVICES W ORK FIRST PROGRAM, COUNCILS ON AGING, CROSBY SCHOLARS, VETERANS ADMINISTRATION) > PROVIDI NG CLASSROOM SPACE FOR SKILLS TRAINING PROGRAMS IN PARTNERSHIP WITH COMMUNITY COLLEGES (E. G CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE, ROWAN COUNTY COMMUNITY COLLEGE, MIT CHELL COMMUNITY COLLEGE) > OFFERING SERVICE OPPORTUNITIES FOR THE COURT AND PUBLIC SCHOOL SY STEMS IN NORTHWEST NORTH CAROLINA (E.G THOMASVILLE ALTERNATIVE TO SUSPENDING CHILDREN, HIGH SCHOOL OCCUPATIONAL COURSE OF STUDY PROGRAM) CONTRACT SERVICES ---------- GO ODWILL'S CONTRACT SERVICES DIVISION OPERATES AS A PROFESSIONAL OUTSOURCE FOR MANUFACTURERS AND BUSINESSES BY PROVIDING FULFILLMENT OF SPECIFIC CONTRACT WORK OFFERING COST-EFFECTIV E SOLUTIONS TO SPACE AND LABOR ISSUES, GOODWILL ENABLES ITS CUSTOMERS TO OUTSOURCE ENTIRE PROCESSES OR ONE-TIME PROJECTS SO THEY CAN FOCUS ON THEIR CORE BUSINESS COMPETENCIES GOOD WILL CONTRACTS WITH NUMEROUS CUSTOMERS RANGING FROM SMALL LOCAL OPERATIONS TO FORTUNE 500 COMPANIES AND OFFERS A WIDE RANGE OF CAPABILITIES INCLUDING PACKAGING, ASSEMBLY AND SUBASS EMBLY, SORTING, SEWING, RETURNS PROCESSING, RECY CLING, FULFILLMENT AND COLLATING CONTRACT SERVICES FULFILLS ITS CUSTOMER OBLIGATIONS BY PROVIDING EMPLOY MENT AND TRAINING OPPORTUNI TIES FOR MANY OF THE PEOPLE GOODWILL SERVES CONTRACT SERVICES UTILIZES CAREER CONNECTIONS (DISADVANTAGED) CLIENTS, DIVISION OF VOCATIONAL REHABILITATION, AND ADULT DAY VOCATIONAL PROGRAM (DISABLED) CLIENTS TO PERFORM THE CONTRACT WORK EACH CLIENT WORKS WITH CONTRACT S ERVICES STAFF AND A WORKFORCE DEVELOPMENT CASE MANAGER TO LEARN ESSENTIAL WORK SKILLS WHIL E EARNING A PAYCHECK

Identifier	Return Reference	Explanation
---------- ---------- ---------- ---------- ---------- ----------		STRATEGIC PARTNERSHIPS ---------- GOODWILL MAINTAINS NUMEROUS PARTNERSHIPS AND CONSIDERS THESE PARTNERSHIPS VITAL TO ITS SUCCESS THE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS INCLUDE DEPARTMENTS OF SOCIAL SERVICES, NC DIVISION OF VOCATIONAL REHABILIT ATION, DIVISION OF MENTAL HEALTH SERVICES, COMMUNITY COLLEGES, LOCAL WORKFORCE INVESTMENT BOARDS, UNITED WAY, CONSUMER CREDIT COUNSELING SERVICE, EXPERIMENT IN SELF-RELIANCE, FAMIL Y SERVICES WAYS TO WORK, SMART START, HABITAT FOR HUMANITY, THE HOUSING AUTHORITY OF WINST ON-SALEM, AND THE WORKING FAMILIES PARTNERSHIP THROUGH THESE COLLABORATIONS, GOODWILL HAS BEEN ABLE TO EXPAND AND DEVELOP NEW SERVICES REGIONALLY EXAMPLES INCLUDE THE DEVELOPMENT AND ADDITION OF SHORT TERM SKILLS TRAINING PROGRAMS, PROVIDING SITES FOR VITA (VOLUNTEER INCOME TAX ASSISTANCE) CLINICS, PROVIDING JOINT SERVICES FOR SPECIFIC POPULATIONS, EXCHANG E OF ON-SITE SERVICES BETWEEN AGENCIES, AND LEVERAGING RESOURCES INCLUDING PARTNERING WITH MISSION-SIMILAR AGENCIES IN GRANT FUNDED PROJECTS SPECIFIC EXAMPLES OF STRATEGIC COLLABO RATIONS INCLUDE > PROSPERITY CENTER THE CAREER CONNECTIONS & PROSPERITY CENTER, A UNITED WAY "BREAKTHROUGH INITIATIVE" LED BY GOODWILL IN PARTNERSHIP WITH CONSUMER CREDIT COUNSEL ING SERVICE, FAMILY SERVICES "WAYS TO WORK" PROGRAM AND EXPERIMENT IN SELF-RELIANCE, HELPS FAMILIES AND INDIVIDUALS MOVE TOWARD GREATER ECONOMIC STABILITY, HIGHER EARNINGS AND HOME OWNERSHIP > HABITAT DELUXE A PARTNERSHIP WITH HABITAT FOR HUMANITY OF FORSYTH COUNTY DE SIGNED FOR PROSPECTIVE AND CURRENT HABITAT HOMEOWNERS THE PROGRAM PROVIDES SPECIALIZED CA REER ADVANCEMENT, EDUCATION, AND JOB TRAINING AND PLACEMENT SERVICES AIMED AT INCREASING Y OUR EARNINGS > COMMUNITY COLLEGES PARTNERING WITH COMMUNITY COLLEGES ENABLES GOODWILL TO PROVIDE SKILLS TRAINING PROGRAMS IN A VARIETY OF FIELDS WHILE LEVERAGING RESOURCES OF THE COLLEGES TO INCREASE OUR IMPACT TRAINING PROGRAMS INCLUDE SKILLED TRADES (MASONRY, HVAC, ELECTRICAL, SOFT CONSTRUCTION SKILLS, PLUMBING, WELDING, FORKLIFT), OFFICE TECHNOLOGY (MI CROSOFT OFFICE APPLICATIONS, DATA ENTRY), HEALTHCARE (CERTIFIED NURSING, PHLEBOTOMY, PHARM ACY TECHNICIAN, MEDICAL TERMINOLOGY AND CODING, ELECTRONIC MEDICAL RECORDS), HOUSEKEEPING, CUSTOMER SERVICE, GED, AND ESL (ENGLISH AS A SECOND LANGUAGE) > TRIAD COMMUNITY KITCHEN OFFERED IN COLLABORATION WITH THE SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA P ROVIDES INSTRUCTION AND CERTIFICATION IN SERVSAFE SANITATION, BASIC CULINARY SKILLS, KNIFE SKILLS, KITCHEN SAFETY, MASS FOOD PRODUCTION AND "COOK CHILL" TECHNOLOGY HANDS-ON TRAINI NG EXPERIENCE, A ONE-WEEK INTERNSHIP, AND JOB PLACEMENT ASSISTANCE ARE INCLUDED IN THIS 24 0 HOUR CURRICULUM GRADUATES OF THIS PROGRAM ARE PREPARED TO SEEK EMPLOY MENT IN THE FOOD S ERVICE AND HOSPITALITY INDUSTRIES ---------- ---------- DELL RECONNECT TECHNOLOGY RECY CLING WITH GOODWILL ---------- ---------- GOODWILL PARTNERS WITH COMPUTER MANUFACTURER DELL IN PROJECT RECONNECT, A COMPREHENSIVE ELECTRONICS RECOVERY, REUSE AND ENVIRONMENTALLY RESPONSIBLE REC Y CLING PROGRAM FOR CONSUMERS SINCE 2004, RECONNECT HAS DIVERTED 230 MILLION POUNDS OF COM PUTER EQUIPMENT FROM LANDFILLS ACROSS THE U S SAVING LOCAL GOVERNMENTS SIGNIFICANT DOLLAR S AND MITIGATING HAZARDOUS WASTE ISSUES THE RECONNECT COLLABORATION WORKS BECAUSE IT PAIR S THE STRENGTHS OF BOTH ORGANIZATIONS GOODWILL HAS AN ESTABLISHED NETWORK OF DONATION LOC ATIONS AND NEARLY A CENTURY OF EXPERIENCE WITH DONATED GOODS DELL IS COMMITTED TO RESPONS IBLE CONSUMER RECY CLING PROGRAMS THE SY NERGY CREATES A FREE AND CONVENIENT WAY FOR PEOPLE TO RECY CLE UNWANTED COMPUTERS AND INCREASES AWARENESS OF THE IMPORTANCE OF RESPONSIBLE RE CY CLING IT KEEPS THESE ELECTRONIC ITEMS OUT OF LANDFILLS, THUS REDUCING THE BURDEN ON LOC AL COMMUNITY GOVERNMENTS IN ADDITION, RECONNECT CREATES "GREEN JOBS" WITH GOODWILL EMPLOY EES HANDLING THE COLLECTION AND SORTING OF EQUIPMENT ---------- ---------- CARF ACCREDITATION ---------- SINCE 1972, GOOD WILL'S PROGRAMS HAVE BEEN ACCREDITED BY THE INTERNATIONAL COMMISSION ON ACCREDITATION OF R EHABILITATION FACILITIES (CARF) EVERY THREE Y EARS CARF IS AN INDEPENDENT NOT-FOR-PROFIT A GENCY PROMOTING QUALITY, VALUE, AND OPTIMAL OUTCOMES OF SERVICES THROUGH A CONSULTATIVE PR OCESS THAT CENTERS ON ENHANCING THE LIVES OF THE PERSONS RECEIVING SERVICES OUR CARF ACCR EDITATION ENSURES THAT > OUR PROGRAMS AND SERVICES ACTIVELY INVOLVE CONSUMERS IN SELECTIN G, PLANNING, AND USING SERVICES > OUR PROGRAMS AND SERVICES HAVE MET CONSUMER-FOCUSED, ST ATE-OF-THE-ART NATIONAL STANDARDS OF PERFORMANCE > OUR ORGANIZATION IS FOCUSED ON ASSISTI NG EACH CONSUMER IN ACHIEVING HIS OR HER CHOSEN GOALS AND OUTCOMES IN OUR MOST RECENT CAR F ACCREDITATION SURVEY, CONDUCTED IN 2011, GOODWILL WAS COMMENDED FOR DEMONSTRATING EXEMPL ARY CONFORMANCE TO THE STANDARDS AS DOCUMENTED IN

Identifier	Return Reference	Explanation
---------- ---------- ---------- ---------- ---------- -----		THE SURVEY REPORT > "THE ORGANIZATION HAS IMPLEMENTED A NEW MISSION STATEMENT THAT EMPHAS IZES PARTNERSHIPS AND COLLABORATION WITH OTHER COMMUNITY AGENCIES ITS EMPHASIS ON VARIOUS COMMUNITY PARTNERSHIPS IS EXCEPTIONAL COOPERATIVE EFFORTS WITH THE COMMUNITY COLLEGES AR E EVIDENT ADDITIONAL EXAMPLES INCLUDE THE URBAN LEAGUE, CRISIS CONTROL MINISTRY, AND THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP THESE PARTNERSHIPS HAVE BEEN INITIATED IN ORDER TO ENHANCE THE LIVES OF THE PEOPLE SERVED BY GOODWILL AND TO PROVIDE ADDITIONAL OPPORTUNITIES FOR COLLABORATIVE EFFORTS " > "THE BUSINESS ADVISORY MODEL ADOPTED BY THIS GOODWILL APPEA RS TO BE INVOLVED, UNIQUE, AND EXCEPTIONALLY SUCCESSFUL BUSINESS ADVISORY COUNCILS ARE TR ADITIONALLY DIFFICULT TO FORM, CULTIVATE AND ENGAGE GOODWILL HAS DEVELOPED EXCEPTIONAL CO UNCILS, SOME OF WHICH HAVE BEEN FORMED ALONG INDUSTRY LINES SUCH AS OFFICE TECHNOLOGY, HEA LTH SERVICES, AND SERVICE INDUSTRY THAT PROMOTE RELATIONSHIP BUILDING THROUGHOUT THE RESPE CTIVE COMMUNITIES THESE RELATIONSHIPS ALLOW ACCESS TO INFORMATION REGARDING EMPLOY MENT OP PORTUNITIES THAT CAN THEN BE EFFECTIVELY USED TO RAISE POTENTIAL EARNING LEVELS FOR INDIVI DUALS WHILE MEETING COMMUNITY NEEDS THE ACTIVE, ENERGETIC BUSINESS ADVISORY COUNCILS ARE INSTRUMENTAL IN ENHANCING EMPLOY MENT SERVICES OFFERED THE KNOWLEDGE AND EXPERTISE THE COM MUNITY LEADERS BRING TO THE COUNCILS NOT ONLY STRENGTHEN THE QUALITY OF SERVICES, BUT ALSO PROVIDE AN EXTENSIVE NETWORK LEADING TO ADDITIONAL JOB OPPORTUNITIES FOR PERSONS SERVED " GOODWILL WAS ALSO COMMENDED BY CARF FOR ITS STRENGTH IN HAVING "A BOARD OF DIRECTORS THAT IS DEDICATED, DIVERSE, AND ENGAGED THROUGH AN ACTIVE COMMITTEE STRUCTURE PARTICIPATION I S REQUIRED ON AT LEAST ONE OF THE COMMITTEES, I E., EXECUTIVE, RECRUITMENT, WORKFORCE DEVE LOPMENT, FINANCE, AUDIT, CONTRACT SERVICES, PERSONNEL, AND MARKETING SENIOR STAFF MEMBERS PRESENT AT EACH BOARD MEETING IN CONJUNCTION WITH THEIR RESPECTIVE BOARD COMMITTEE(S) " - ---------- ---------- ENVIRONMENTAL IMPAC T ---------- GOODWILL OFFERS DONORS A WAY TO DISPOSE OF THEIR UNWANTED ITEMS WHI LE HELPING THEIR COMMUNITY AND THE ENVIRONMENT IN 2011 ALONE, 39 MILLION POUNDS OF UNWANT ED ITEMS WERE RECY CLED AS A RESULT OF GOODWILL'S RETAIL OPERATIONS THROUGH EFFICIENT AND RESPONSIBLE PROCESSING, 100% OF POST-CONSUMER ELECTRONICS AND 99% OF DONATED TEXTILES ARE SOLD OR RECY CLED THESE AMOUNTS GREATLY REDUCE THE COST BURDEN ON LOCAL GOVERNMENTS IN 20 08, GOODWILL OPENED ITS WHITAKER REGIONAL OPERATIONS CENTER IN WINSTON-SALEM THIS FACILIT Y WAS DESIGNED TO THE US GREEN BUILDING COUNCIL'S STRINGENT LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) STANDARDS AND RECENTLY BECAME LEED CERTIFIED LEED CERTIFICATION IS THE NATIONAL BENCHMARK FOR HIGH PERFORMANCE GREEN BUILDINGS THROUGHOUT THE PLANNING AND DESIGNING OF THE CENTER, GOODWILL'S GOALS WERE TO REDUCE ITS PULL ON LOCAL RESOURCES THROU GH REDUCED ENERGY AND WATER CONSUMPTION, TO IMPROVE THE FACILITY FOR THE WORKER AND CUSTOM ER AND TO REDUCE THE ORGANIZATION'S AFFECT ON THE ENVIRONMENT SINCE THE COMPLETION OF THE REGIONAL OPERATIONS CENTER, GOODWILL HAS BUILT FOUR ADDITIONAL FACILITIES TO LEED STANDAR DS GOODWILL HAS BEEN IN THE RECY CLING BUSINESS FOR NEARLY 100 YEARS

Identifier	Return Reference	Explanation
---------- ---------- ---------- ---------- ---------- -----		HONORS & RECOGNITION ---------- > JOEL A WESTON JR MEMORIAL AWARD PRESENTED BY THE UNITED WAY AND THE JOEL WESTON MEMORIAL FUND TO HONOR NONPROFIT HEALTH AND HUMAN-SERVICE AGENCIES THAT DEMONSTRATE ORGANIZATIONAL EXCELLENCE >FAMILY STRENGHTENING AWARD PRESENTED BY THE ANNIE E CASEY FOUNDATION FOR SERVICES GOODWILL PROVIDES TO CLIENTS, BENEFITS GOODWILL OFFERS TO EMPLOYEES AND FOR "OUTSTANDING WORK CREATING HOPE AND OPENING THE DOOR TO REAL OPPORTUNITIES FOR FAMILIES " > WATKINS AWARD FOR EXCELLENCE IN MISSION ADVANCEMENT PRESENTED BY GOODWILL INDUSTRIES INTERNATIONAL FOR INNOVATIVE CONTRIBUTIONS TO THE ADVANCEMENT OF GOODWILL'S MISSION AND EXPANSION OF SERVICES > P J TREVETHAN AWARD PRESENTED BY GOODWILL INDUSTRIES INTERNATIONAL RECOGNIZING THE GOODWILL CHAPTER WHICH HAS MADE OUTSTANDING CONTRIBUTIONS TO THE TRAINING OF ITS PERSONNEL AND ENSURING THAT LEARNING REMAINS A CONSTANT PART OF THEIR PERSONAL AND PROFESSIONAL GROWTH > KENNETH KING AWARD PRESENTED TO BILLY G WHITAKER, FORMER PRESIDENT OF GOODWILL INDUSTRIES OF NW NC, BY GOODWILL INDUSTRIES INTERNATIONAL THE PRESTIGIOUS KING AWARD IS PRESENTED TO A GOODWILL EXECUTIVE IN RECOGNITION OF OUTSTANDING MANAGEMENT ABILITIES AND ACCOMPLISHMENTS THE AWARD RECOGNIZES A CEO WHOSE PERFORMANCE CONSISTENTLY DEMONSTRATES STRONG ORGANIZATIONAL IMPACT RELATED TO MISSION, EXCELLENCE AND SUSTAINABILITY > SPECIAL ENVIRONMENTAL AWARD PRESENTED BY THE FORSYTH COUNTY ENVIRONMENTAL BOARD, FOR GOODWILL'S COMPUTER RECYCLING PROGRAM WHICH SIGNIFICANTLY REDUCES ADVERSE ENVIRONMENTAL IMPACTS, PROVIDES RESIDENTS A NO-COST RESPONSIBLE WAY TO RECYCLE UNWANTED ELECTRONICS AND SUPPORTS JOB TRAINING AND PLACEMENT SERVICES IN THE COMMUNITY > CFO OF THE YEAR AWARD PRESENTED BY THE BUSINESS JOURNAL OF THE GREATER TRIAD AREA, BASED ON EXCELLENCE IN THE FOLLOWING AREAS BUSINESS LEADERSHIP, CONTRIBUTION TO THE COMPANY'S REPUTATION AND SUCCESS, COMMUNITY INVOLVEMENT, STRATEGIC INITIATIVES, ADHERENCE TO BUSINESS ETHICS, AND TURNAROUND SUCCESS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION PO BOX 4299 WINSTONSALEM, NC 27115 20-3536704	PROVIDE FINANCIAL SUPPORT TO GOODWILL OF NORTHWEST NORTH CAROLINA, INC	NC	501(C)(3)	509(A)(3), III-FI	N/A		No

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 56-0588474
Name: GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENNI BRADSHAW DIRECTOR	1 00	X						0	0	0
MICHAEL CLEMENTS DIRECTOR	1 00	X						0	0	0
MARK DINSE DIRECTOR	1 00	X						0	0	0
WALKER DOUGLAS DIRECTOR	1 00	X						0	0	0
DR ROBERT FORD DIRECTOR	1 00	X						0	0	0
CHRIS FOX DIRECTOR	1 00	X						0	0	0
NATASHA GODDARD-CURETON DIRECTOR	1 00	X						0	0	0
DR BOB GREENE DIRECTOR	1 00	X						0	0	0
MIKE GUNTER DIRECTOR	1 00	X						0	0	0
DENISE HARTSFIELD DIRECTOR	1 00	X						0	0	0
KEN HORNE DIRECTOR	1 00	X						0	0	0
AL JONES DIRECTOR	1 00	X						0	0	0
FRANCINE MADREY DIRECTOR	1 00	X						0	0	0
SUE MARION DIRECTOR	1 00	X						0	0	0
DORIS MCLAUGHLIN DIRECTOR	1 00	X						0	0	0
ANDY PEOPLES DIRECTOR	1 00	X						0	0	0
SHERRY POLONSKY DIRECTOR	1 00	X						0	0	0
HANK PRICE DIRECTOR	1 00	X						0	0	0
DENISE PRIDDY DIRECTOR	1 00	X						0	0	0
DAVID ST CLAIR DIRECTOR	1 00	X						0	0	0
BRENT WADDELL DIRECTOR	1 00	X						0	0	0
LINDA WOOD DIRECTOR	1 00	X						0	0	0
LARRY WOODS DIRECTOR, EMERITUS	1 00	X						0	0	0
CURTIS BLAND VP FINANCE	40 00			X				160,107	0	22,902
SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	40 00			X				163,504	0	19,893

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN CUNNINGHAM VP OF RETAIL	40 00			X				166,964	0	18,983
ARTHUR GIBEL PRESIDENT	40 00			X				281,405	0	33,913
WILLIAM HAYMORE VP OF FACILITIES	40 00			X				152,431	0	18,838
WILLIAM HUFFMAN VP OF HUMAN RESOURCES	40 00			X				137,391	0	20,274
JAYMIE EICHORN VP OF MARKETING & COMMUNIC	40 00			X				101,453	0	15,387
THOMAS RUNSER CONTROLLER	40 00					X		123,396	0	11,340