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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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) PO BOX 4299

Room/suite

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 $ 72,671,071

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

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	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 2012 (Part V, line 2a)	5	1,845
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,028
	b Net unrelated business taxable income from Form 990-T, line 34	7b	13,525

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,318,148	13,334,201
	9 Program service revenue (Part VIII, line 2g)	8,301,772	8,466,454
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,551	21,611
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,880,137	38,044,541
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,569,608	59,866,807
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,055,721	6,119,801
	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)	30,484,302	33,332,418
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶325,031		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,141,644	14,150,903
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,681,667	53,603,122
	19 Revenue less expenses Subtract line 18 from line 12	3,887,941	6,263,685

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	85,037,591	92,036,593
	21 Total liabilities (Part X, line 26)	6,689,808	7,425,125
	22 Net assets or fund balances Subtract line 21 from line 20	78,347,783	84,611,468

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

****** 2013-11-14
Signature of officer Date

ARTHUR A GIBEL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID VOGLER				P00187735

Firm's name ▶ DIXON HUGHES GOODMAN LLP — Firm's EIN ▶ 56-0747981

Firm's address ▶ ONE WEST FOURTH STREET SUITE 700 WINSTONSALEM, NC 27101 — 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 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 $	13,841,437	including grants of $	6,119,801) (Revenue $	3,670,707)	
	WORKFORCE DEVELOPMENT - SEE SCHEDULE O					
4b	(Code) (Expenses $	28,924,284	including grants of $	) (Revenue $	)	
	RETAIL OPERATIONS - SEE SCHEDULE O					
4c	(Code) (Expenses $	4,908,855	including grants of $	) (Revenue $	4,795,747)	
	CONTRACT OPERATIONS - SEE SCHEDULE O					
4d	Other program services (Describe in Schedule O)					
	(Expenses $		including grants of $	) (Revenue $	)	
4e	**Total program service expenses** ▶	47,674,576				

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		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part 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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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 11b 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	154		
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	1,845		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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, securities account, or other financial 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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** 23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**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 this 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 ☐ Other (explain in Schedule O)

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

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

▶CURTIS BLAND 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (list any hours for related organizations below dotted line)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,333,039	0	213,164

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	633,757
MILLER LANDSCAPE ARCHITECTURE PA 120 CLUB OAKS COURT SUITE 100 WINSTONSALEM NC 27104	LANDSCAPE ARCHITECTURE	137,696
C&M CLEANING INC PO BOX 2430 THOMASVILLE NC 27361	FLOOR CARE	135,580
WOMBLE CARLYLE SANDRIDGE & RICE PLLC 1 W 4TH ST WINSTONSALEM NC 27101	LEGAL SERVICES	112,952

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

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

			(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	15,347				
	b Membership dues					
	c Fundraising events	19,444				
	d Related organizations	1,085,000				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	12,214,410				
	g Noncash contributions included in lines 1a-1f $	12,146,147				
	h **Total.** Add lines 1a-1f		13,334,201			
Program Service Revenue		Business Code				
	2a WORKFORCE DEV/CONTRACT	561300	8,466,454	8,466,454		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		8,466,454			
	3 Investment income (including dividends, interest, and other similar amounts)		18,738			18,738
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	26,350				
	b Less rental expenses	0				
	c Rental income or (loss)	26,350				
	d Net rental income or (loss)		26,350			26,350
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		10,206			
	b Less cost or other basis and sales expenses		7,333			
	c Gain or (loss)		2,873			
	d Net gain or (loss)		2,873			2,873
Other Revenue	8a Gross income from fundraising events (not including $ 19,444 of contributions reported on line 1c) See Part IV, line 18	a 26,856				
	b Less direct expenses	b 26,856				
	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 50,772,238				
	b Less cost of goods sold	b 12,770,075				
	c Net income or (loss) from sales of inventory		38,002,163			38,002,163
	Miscellaneous Revenue	Business Code				
	11a PARKING FEES	812930	16,028		16,028	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		16,028			
	12 **Total revenue.** See Instructions		59,866,807	8,466,454	16,028	38,050,124

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response 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	6,065,000	6,065,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	54,801	54,801		
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	1,397,405	390,524	1,006,881	
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	24,923,625	22,749,233	2,150,082	24,310
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,677,258	1,476,087	201,171	
9 Other employee benefits	3,225,770	3,000,058	223,837	1,875
10 Payroll taxes	2,108,360	1,890,447	214,888	3,025
11 Fees for services (non-employees)				
a Management				
b Legal	91,308		91,308	
c Accounting	210,438		210,438	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,949,513	1,641,478	308,035	
12 Advertising and promotion	370,190	41,329	33,040	295,821
13 Office expenses	1,355,645	1,225,078	130,567	
14 Information technology				
15 Royalties . .				
16 Occupancy	2,715,738	2,642,955	72,783	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,044	71,356	22,688	
20 Interest				
21 Payments to affiliates	159,624		159,624	
22 Depreciation, depletion, and amortization	3,700,874	3,397,066	303,808	
23 Insurance	153,671	146,578	7,093	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAX	4,700		4,700	
b TRANSPORTATION	940,514	824,608	115,906	
c TRASH REMOVAL	737,818	737,109	709	
d EQUIPMENT RENTAL/MAINT	656,304	557,554	98,750	
e All other expenses	1,010,522	763,315	247,207	
25 **Total functional expenses.** Add lines 1 through 24e	53,603,122	47,674,576	5,603,515	325,031
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		33,500	1	42,750
	2	Savings and temporary cash investments		10,305,411	2	10,952,115
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,581,890	4	1,464,584
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,402,166	8	1,680,184
	9	Prepaid expenses and deferred charges		384,056	9	431,178
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 99,866,767			
	b	Less accumulated depreciation	10b 22,400,985	71,330,568	10c	77,465,782
	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)		85,037,591	16	92,036,593
Liabilities	17	Accounts payable and accrued expenses		5,486,210	17	6,000,596
	18	Grants payable			18	
	19	Deferred revenue		418,473	19	647,504
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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		785,125	25	777,025
	26	**Total liabilities.** Add lines 17 through 25		6,689,808	26	7,425,125
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		78,327,783	27	84,591,468
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		20,000	29	20,000
		Organizations that do not follow SFAS 117 (ASC 958), 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		78,347,783	33	84,611,468
	34	Total liabilities and net assets/fund balances		85,037,591	34	92,036,593

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	59,866,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,603,122
3	Revenue less expenses Subtract line 2 from line 1	3	6,263,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,347,783
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	84,611,468

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

Additional Data

Software ID:

Software Version:

EIN: 56-0588474

Name: GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

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 (list any hours for related organizations below dotted line)	(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			
MARK BACHMEIER DIRECTOR	1 00	X						0	0	0
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
MIKE GUNTER DIRECTOR	1 00	X						0	0	0
DENISE HARTSFIELD DIRECTOR	1 00	X						0	0	0
KENNETH HORNE DIRECTOR	1 00	X						0	0	0
DR 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
ALAN MURDOCK DIRECTOR	1 00	X						0	0	0
DR 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
MICHAEL ROGERS DIRECTOR, EX OFFICIO	1 00	X						0	0	0
DAVID ST CLAIR DIRECTOR, EMERITUS	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	1 00	X						0	0	0
CURTIS BLAND VP FINANCE	40 00			X				166,042	0	29,118

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 (list any hours for related organizations below dotted line)	(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			
SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	40 00			X				169,574	0	27,154
JOHN CUNNINGHAM VP OF RETAIL OPERATIONS	40 00			X				171,678	0	27,400
ARTHUR GIBEL PRESIDENT	40 00			X				291,713	0	46,036
WILLIAM HAYMORE VP OF FACILITY SERVICES	40 00			X				158,084	0	24,919
WILLIAM HUFFMAN VP OF HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT	40 00			X				140,997	0	25,396
JAYMIE EICHORN VP OF MARKETING	40 00			X				106,815	0	17,761
THOMAS RUNSER CONTROLLER	40 00					X		128,136	0	15,380

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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

2012

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 described in **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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,671,457	9,336,156	11,296,754	12,318,148	13,334,201	54,956,716
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	8,671,457	9,336,156	11,296,754	12,318,148	13,334,201	54,956,716
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)						2,450,763
6 **Public support.** Subtract line 5 from line 4						52,505,953

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	8,671,457	9,336,156	11,296,754	12,318,148	13,334,201	54,956,716
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	300,097	183,366	108,279	34,267	45,088	671,097
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8,532	17,752	17,311	21,397	14,525	79,517
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						55,707,330

12	Gross receipts from related activities, etc (see instructions)	12	247,460,294

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 2012 (line 6, column (f) divided by line 11, column (f))	14	94 250 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	90 720 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	30,000
b	Contributions					
c	Net investment earnings, gains, and losses	135	233	271	593	1,160
d	Grants or scholarships					
e	Other expenditures for facilities and programs	135	233	271	593	1,160
f	Administrative expenses					
g	End of year balance	30,000	30,000	30,000	30,000	30,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

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

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

		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 XIII 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		27,325,123		27,325,123
b Buildings		41,989,175	10,071,890	31,917,285
c Leasehold improvements		15,187,040	5,542,033	9,645,007
d Equipment		10,474,933	6,787,062	3,687,871
e Other		4,890,496		4,890,496
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				77,465,782

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) must 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) must 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) must 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) Book value
Federal income taxes	
ACCRUED PENSION PAYABLE	777,025
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	777,025

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

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

1	Total revenue, gains, and other support per audited financial statements			1	72,660,865
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 XIII)	2d	12,796,931		
e	Add lines **2a** through **2d**			2e	12,796,931
3	Subtract line **2e** from line **1**			3	59,863,934
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 XIII)	4b	2,873		
c	Add lines **4a** and **4b**			4c	2,873
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	59,866,807

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

1	Total expenses and losses per audited financial statements			1	66,397,180
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 XIII)	2d	12,796,931		
e	Add lines **2a** through **2d**			2e	12,796,931
3	Subtract line **2e** from line **1**			3	53,600,249
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 XIII)	4b	2,873		
c	Add lines **4a** and **4b**			4c	2,873
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	53,603,122

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	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, 2012 YEARS ENDING ON OR AFTER DECEMBER 31, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		RECLASS COST OF GOODS SOLD 12,770,075 RECLASS SPECIAL EVENT EXPENSES 26,856
PART XI, LINE 4B - OTHER ADJUSTMENTS		RECLASS GAIN ON DISPOSAL OF FIXED ASSETS 2,873
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS COST OF GOODS SOLD 12,770,075 RECLASS SPECIAL EVENT EXPENSES 26,856
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS GAIN ON DISPOSAL OF FIXED ASSETS 2,873

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	46,300			46,300
	2 Less Contributions	19,444			19,444
	3 Gross income (line 1 minus line 2)	26,856			26,856
Direct Expenses	4 Cash prizes	4,000			4,000
	5 Noncash prizes	4,947			4,947
	6 Rent/facility costs	10,223			10,223
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,686			7,686
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(26,856)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				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 _____

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

2012

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. Part II can be duplicated 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 FOUNDATION PO BOX 4299 WINSTONSALEM,NC 27115	20-3536704	501(C)(3)	6,000,000				TO PROVIDE FINANCIAL SUPPORT FOR THE PROGRAMMATIC NEEDS OF GOODWILL
(2) CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	31-1523230	501(C)(3)	50,000				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION
(3) PUBLIC HOUSING AUTHORITY STATE ATHLETIC CONFERENCE 110 WEST ALLISON STREET STATESVILLE,NC 28677	65-1231374	501(C)(3)	15,000				SUPPORT GANG/DROPOUT PREVENTION AND INTERVENTION BASKETBALL PROGRAM

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

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. Part III can be duplicated 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	152	39,301			
(2) COLLEGE SCHOLARSHIPS TO CHILDREN OF GOODWILL EMPLOYEES	14	15,500			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 THROUGH A SOLE MEMBER RELATIONSHIP GOODWILL'S CEO IS A PERMANENT MEMBER OF THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP BOARD GOODWILL ALSO HAS CERTAIN LEGAL RIGHTS THROUGH THE SOLE MEMBER RELATIONSHIP THAT GIVES IT CONTROL OVER APPROVAL OF THE ANNUAL BUDGET AND APPROVAL OF LARGE UNBUDGETED EXPENDITURES THESE RIGHTS ALLOW GOODWILL TO MONITOR THE USE OF ANY GRANT FUNDS

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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

2012

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 ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)CURTIS BLAND VP FINANCE	(i)	152,152	13,189	701	19,674	9,444	195,160	0
	(ii)	0	0	0	0	0	0	0
(2)SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	(i)	154,252	13,189	2,133	19,707	7,447	196,728	0
	(ii)	0	0	0	0	0	0	0
(3)JOHN CUNNINGHAM VP OF RETAIL OPERATIONS	(i)	153,952	13,189	4,537	19,653	7,747	199,078	0
	(ii)	0	0	0	0	0	0	0
(4)ARTHUR GIBEL PRESIDENT	(i)	256,940	21,739	13,034	32,378	13,658	337,749	0
	(ii)	0	0	0	0	0	0	0
(5)WILLIAM HAYMORE VP OF FACILITY SERVICES	(i)	145,685	11,227	1,172	17,929	6,990	183,003	0
	(ii)	0	0	0	0	0	0	0
(6)WILLIAM HUFFMAN VP OF HUMAN RESOURCES & ORGANIZATION	(i)	130,075	8,911	2,011	15,876	9,520	166,393	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1) KAYLIN HAYMORE	DAUGHTER OF WILLIAM HAYMORE, VP OF FACILITIES	1,000	COLLEGE SCHOLARSHIP	PROVIDE ASSISTANCE FOR HIGHER EDUCATION
(2) CARLIE CUNNINGHAM	DAUGHTER OF JOHN CUNNINGHAM, VP OF RETAIL	1,000	COLLEGE SCHOLARSHIP	PROVIDE ASSISTANCE FOR HIGHER EDUCATION

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	403,098	SEE PART V		No
(2) CHRIS FOX	DIRECTOR	757,001	SEE PART V		No
(3) BRENT WADDELL	DIRECTOR	145,366	SEE PART V		No
(4) MIKE GUNTER	DIRECTOR	112,952	SEE PART V		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
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS		(A) NAME OF PERSON SHERRY POLONSKY(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION $403,098 (D) DESCRIPTION OF TRANSACTION 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 (E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON CHRIS FOX(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION $757,001 (D) DESCRIPTION OF TRANSACTION 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 (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON BRENT WADDELL(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION $145,366 (D) DESCRIPTION OF TRANSACTION 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 (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON MIKE GUNTER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION $112,952 (D) DESCRIPTION OF TRANSACTION MIKE GUNTER IS AN ATTORNEY AT WOMBLE CARLYLE SANDRIDGE & RICE, PLLC, WHICH PROVIDES LEGAL SERVICES TO GOODWILL HE DOES NOT SERVE AS OUR CONTACT AT WOMBLE CARLYLE SANDRIDGE & RICE, PLLC , AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (E) SHARING OF ORGANIZATION REVENUES? = NO

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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		12,106,397	FAIR VALUE
6	Cars and other vehicles	X	31	39,750	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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

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 AT THE NEXT SCHEDULED BOARD MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, AT A GOODWILL 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 RETURN IT TO THE CHIEF COMPLIANCE OFFICER THE CHIEF EXECUTIVE OFFICER, CHIEF COMPLIANCE OFFICER AND EXECUTIVE SECRETARY ARE RESPONSIBLE FOR IDENTIFYING CONFLICTS OF INTEREST AND ENSURING BOARD MEMBERS RECUSE THEMSELVES FROM VOTING WHEN APPROPRIATE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN 2012, THE COMPENSATION COMMITTEE ENGAGED A WELL-QUALIFIED HR CONSULTING FIRM 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 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

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 > PROJECT RE-ENT RY PROVIDES TRANSITION SERVICES FOR EX-OFFENDERS RETURNING TO THE COMMUNITY AFTER SERVING ACTIVE PRISON SENTENCES PROJECT RE-ENTRY WORKS THROUGH A SYSTEM OF PRE- AND POST-RELEASE SERVICES THAT BEGIN WITH INMATES UP TO EIGHTEEN MONTHS PRIOR TO RELEASE LONG-TERM SERVIC ES CONTINUE AFTER THE INMATES ARE RELEASED GOODWILL PARTNERS WITH VARIOUS AGENCIES AS WEL L AS THE DEPARTMENT OF CORRECTION TO OFFER EMPLOYMENT AND TRAINING SERVICES THAT HELP EX-O FFENDERS 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 E MPLOYMENT SERVICES DEPARTMENT PLACES TRAINED PARTICIPANTS IN COMPETITIVE EMPLOYMENT AND, I N 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" EXPER IENCE INCLUDING JOB COACHING, MOCK INTERVIEWS, INTERNSHIPS AND RESUME, APPLICATION AND JOB SEARCH ASSISTANCE > SKILLS TRAINING GOODWILL OFFERS A VARIETY OF SKILLS TRAINING CLASSE S IN PARTNERSHIP WITH AREA COMMUNITY COLLEGES THESE CLASSES OFFER THE SKILLS NECESSARY FO R JOBS IN SPECIFIC FIELDS SUCH AS HEALTHCARE, SKILLED TRADES, OFFICE TECHNOLOGY AND SERVIC E INDUSTRIES > YOUTH IN TRANSITION GOODWILL IS THE LEAD AGENCY FOR THE YOUTH IN TRANSITI ON INITIATIVE, A COMPREHENSIVE COMMUNITY PLAN DESIGNED FOR YOUTH TRANSITIONING OUT OF FOST ER CARE THE INITIATIVE REPRESENTS DIVERSE FORSYTH COUNTY INDIVIDUALS, ORGANIZATIONS, AND A YOUTH LEADERSHIP BOARD, COMPRISED OF PREVIOUS AND CURRENT FOSTER YOUTH, WHO WORKED TOGET HER TO RESEARCH EXISTING PROGRAMS, IDENTIFY SERVICE GAPS, AND BRING TOGETHER BENEFICIAL SE RVICES THE INITIATIVE WILL PROVIDE INDIVIDUALIZED SUPPORT IN AREAS INCLUDING FINANCIAL LI TERACY, INDIVIDUAL DEVELOPMENT ACCOUNTS, HOUSING, EDUCATION, AND MENTORING > YOUTH INTERV ENTION WORKING WITH YOUNG ADULTS ON AN INDIVIDUALIZED BASIS TO OFFER VOCATIONAL, EDUCATIO NAL, LIFE SKILLS, AND FAMILY SUPPORT NEEDED TO SUCCESSFULLY TRANSITION FROM OR MINIMIZE TH E INFLUENCE OF GANG LIFE OUTCOMES- UPDATE 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Identifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	- > IN 2012, GOODWILL SERVED 44,352 PEOPLE IN ITS EMPLOYMENT AND TRAINING PROGRAMS AND PLA CED 6,747 PEOPLE INTO COMPETITIVE EMPLOYMENT RETAIL OPERATIONS ---------- GOODWILL OPERATES 39 RETAIL STORES AND 3 OUTLET STORES DONATIONS FROM THE COMMUNITY OF CLOTHING, HOUSEHOLD ITEMS, TOYS, SHOES, FURNITURE AND ELECTRONICS ARE SORTED AND SOLD IN THE STORES TO UNDERWRITE GOODWILL'S EMPLOYMENT AND TRAINING PROGRAMS THE MISSION OF GOODWILL IS AT T HE CORE OF ALL THAT RETAIL EMPLOYEES DO ALL STAFF UNDERSTAND THEIR ROLE IN MENTORING AND COACHING CLIENTS ASSIGNED TO RETAIL STORES FOR SERVICES RETAIL OPERATIONS ALSO OFFER MANY WORKFORCE DEVELOPMENT OPPORTUNITIES INCLUDING > OFFERING WORKFORCE DEVELOPMENT TRAINING FOR GOODWILL CLIENTS (E.G YOUTH INTERVENTION, ADULT DAY VOCATIONAL PROGRAM, AND SUPPORTED EMPLOYMENT) > PROVIDING CLASSROOM SPACE FOR SKILLS TRAINING PROGRAMS IN PARTNERSHIP WITH COMMUNITY COLLEGES (E.G CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE, ROWAN COUNTY COMMUNITY COLLEGE, MITCHELL COMMUNITY COLLEGE) > OFFERING SERVICE OPPORTUNITIES FOR THE COURT AND PUBLIC SCHOOL SYSTEMS IN NORTHWEST NORTH CAROLINA (E.G THOMASVILLE ALTERNATIVE TO SUSPENDING CHILDREN, HIGH SCHOOL OCCUPATIONAL COURSE OF STUDY PROGRAM) CONTRACT SERVIC ES ---------- GOODWILL'S CONTRACT SERVICES DIVISION OPERATES AS A PROFESSIONAL OUTS OURCE FOR MANUFACTURERS AND BUSINESSES BY PROVIDING FULFILLMENT OF SPECIFIC CONTRACT WORK OFFERING COST-EFFECTIVE SOLUTIONS TO SPACE AND LABOR ISSUES, GOODWILL ENABLES ITS CUSTOME RS TO OUTSOURCE ENTIRE PROCESSES OR ONE-TIME PROJECTS SO THEY CAN FOCUS ON THEIR CORE BUSI NESS COMPETENCIES GOODWILL CONTRACTS WITH NUMEROUS CUSTOMERS RANGING FROM SMALL LOCAL OPE RATIONS TO FORTUNE 500 COMPANIES AND OFFERS A WIDE RANGE OF CAPABILITIES INCLUDING PACKAGI NG, ASSEMBLY AND SUBASSEMBLY, SORTING, SEWING, RETURNS PROCESSING, RECYCLING, FULFILLMENT AND COLLATING CONTRACT SERVICES FULFILLS ITS CUSTOMER OBLIGATIONS BY PROVIDING EMPLOYMENT AND TRAINING OPPORTUNITIES FOR MANY OF THE PEOPLE GOODWILL SERVES CONTRACT SERVICES UTIL IZES CLIENTS FROM DIVISION OF VOCATIONAL REHABILITATION, ADULT DAY VOCATIONAL PROGRAM (DIS ABLED), AND OTHER LIKE-MINDED COMMUNITY ORGANIZATION CLIENTS TO PERFORM THE CONTRACT WORK CLIENTS WORK WITH CONTRACT SERVICES AND WORKFORCE DEVELOPMENT STAFF TO LEARN ESSENTIAL WO RK SKILLS WHILE EARNING A PAYCHECK

Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
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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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) 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)	LINE 11C, III-FI	N/A		No
(2) CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 31-1523230	PREPARING PUBLIC SCHOOL STUDENTS FOR SUCCESSFUL COLLEGE ENROLLMENT	NC	501(C)(3)	LINE 7	GOODWILL INDUSTRIES OF NWNC INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) 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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CROSBY SCHOLARS COMMUNITY PARTNERSHIP	B	50,000	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 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	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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