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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 , and ending

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

C Name of organization: TW DIXSON FDN GOODWILL REHAB

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): Wells Fargo Bank N A - 101N Indepndence Mall E MACY1

Room/suite:

City, town or post office, state, and ZIP code: Philadelphia PA 19106-2112

D Employer identification number: 58-6155644

E Telephone number: 888-730-4933

G Gross receipts $: 481,266

F Name and address of principal officer: Wells Fargo Bank N A 101N Independence Mall E MACY 1372-062, P

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)

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

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation: 1968

M State of legal domicile: NC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO COLLECT INTEREST AND DISTRIBUTING INCOME TO THE BENEFICIARIES IN ACCORDANCE WITH THE GOVERNING DOCUMENT	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	1
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	0	0
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,615	48,363
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,615	48,363
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	52,000	29,512
	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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,742	16,711
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	66,742	46,223
	19 Revenue less expenses Subtract line 18 from line 12	-17,127	2,140
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,151,386	1,150,134
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances Subtract line 21 from line 20	1,151,386	1,150,134

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

▶ SVP Wells Fargo Bank N A — Signature of officer — Date: 5/7/2013

▶ JOHN SULENTIC — Type or print name and title: SVP Wells Fargo Bank N A

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JOSEPH J CASTRIANO		5/7/2013		P01251603

Firm's name ▶ PricewaterhouseCoopers, LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219-2777 — Phone no 412-355-6000

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

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2012)

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

TO COLLECT INTEREST AND DISTRIBUTING INCOME TO THE BENEFICIARIES IN ACCORDANCE WITH THE GOVERNING DOCUMENT

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 $ 33,986 including grants of $ 29,512) (Revenue $)

TO COLLECT INTEREST AND DISTRIBUTING INCOME TO THE BENEFICIARIES IN ACCORDANCE WITH THE GOVERNING DOCUMENT

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ► 33,986

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 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		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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)*

			Yes	No
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	X	
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		X
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		X
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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
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		X
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	X	

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	0		
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		X	
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ ----------				
	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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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			X
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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
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			X
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 line 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 X

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 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	1a	1		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 ▶ NC

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Wells Fargo Bank N A 888-730-4933
101N Independence Mall E Macy 1372-062, Philadelphia, PA 19106-2112

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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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			
(1) WELLS FARGO BANK, N A	4 00									
TRUSTEE	0 00		X					15,896		
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								15,896	0	0
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								15,896	0	0

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 ▶ 0

		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*		X
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*		X
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*		X

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
NONE		0
		0
		0
		0
		0

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 ▶ 0

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	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f.	$ 0				
	h	**Total.** Add lines 1a–1f	▶	0			
Program Service Revenue			Business Code				
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	**Total.** Add lines 2a–2f	▶	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	31,273			31,273
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less. rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)	▶	0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	0 / 449,993				
	b	Less cost or other basis and sales expenses	0 / 432,903				
	c	Gain or (loss)	0 / 17,090				
	d	Net gain or (loss)	▶	17,090			17,090
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶	0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less. cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory	▶	0			
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0			
	c			0			
	d	All other revenue		0			
	e	**Total.** Add lines 11a–11d	▶	0			
	12	**Total revenue.** See instructions	▶	48,363	0	0	48,363

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	29,512	29,512		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	500	500		
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
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	TRUSTEE FEES	15,896	3,974	11,922	
b	FOREIGN TAXES WITHHELD	315		315	
c	\				
d		0			
e	All other expenses	0			
25	**Total functional expenses.** Add lines 1 through 24e	46,223	33,986	12,237	0
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		1,798	1	2,295
	2	Savings and temporary cash investments		60,448	2	56,924
	3	Pledges and grants receivable, net .		0	3	0
	4	Accounts receivable, net		0	4	0
	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		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 0			
	b	Less accumulated depreciation	10b 0	0	10c	0
	11	Investments—publicly traded securities		1,089,140	11	1,090,915
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,151,386	16	1,150,134
Liabilities	17	Accounts payable and accrued expenses		0	17	0
	18	Grants payable			18	
	19	Deferred revenue		0	19	0
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		0	25	0
	26	**Total liabilities.** Add lines 17 through 25 .		0	26	0
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			27	
	28	Temporarily restricted net assets .			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC958), check here ▶ ☒ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		1,151,386	30	1,150,134
	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 .		1,151,386	33	1,150,134
	34	Total liabilities and net assets/fund balances		1,151,386	34	1,150,134

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,363
2	Total expenses (must equal Part IX, column (A), line 25)	2	46,223
3	Revenue less expenses Subtract line 2 from line 1	3	2,140
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,151,386
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	-3,392
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,150,134

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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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	2b		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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
TW DIXSON FDN GOODWILL REHAB

Employer identification number
58-6155644

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?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A) GOODWILL INDUSTR	56-0588474	9	X		X		X		29,512
(B)									
(C)									
(D)									
(E)									
Total 1									29,512

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

Schedule A (Form 990 or 990-EZ) 2012

HTA

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 ")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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)						
6 **Public support.** Subtract line 5 from line 4						0

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	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						0

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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	0 00%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	0 00%

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 ")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6)						0

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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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	0 00%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0.00%

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)

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

TW DIXSON FDN GOODWILL REHAB

Employer identification number

58-6155644

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? [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOODWILL INDUSTRIES PO BOX 4299	56-0588474	501(C)(3)	29,512				CHARITABLE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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						
2						
3						
4						
5						
6						
7						

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

Part II Line 1 ORGANIZATION CONTRIBUTED TO PRE-SELECTED ORGANIZATIONS

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 990-EZ 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	Employer identification number
TW DIXSON FDN GOODWILL REHAB	58-6155644

Form 990 Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND ENFORCEMENT

Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 990 Part VI Section B Line 11 THE SOLE TRUSTEE RECEIVES AND REVIEWS THE FORM 990

Form 990 Part XI Line 5 NET ADJUSTMENTS DUE TO MUTUAL FUN & CTF INCOME ADDITIONS (1164), COST BASIS ADJUSTMENT (-95), MUTUAL FUND & CTF INCOME SUBTRACTIONS (-3997), PY RETURN OF CAPITAL ADJUSTMENT (-463)

Name of the organization	Employer identification number
TW DIXSON FDN GOODWILL REHAB	58-6155644

Wells Fargo

Statement of Capital Gains and Losses From Sales

(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id. 1013002206

TW DIXSON FDN GOODWILL REHAB

Trust Year Ending 12/31/2012

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
04314H204	ARTISAN INTERNATIONAL FUND 661								
Sold		02/10/12	185	4,016 35					
Acq		08/26/11	185	4,016 35	3,785 10	3,785 10	231 25	231 25	S
		Total for 2/10/2012			3,785 10	3,785 10	231 25	231 25	
04314H204	ARTISAN INTERNATIONAL FUND 661								
Sold		08/08/12	372	8,522 52					
Acq		08/26/11	372	8,522 52	7,611 12	7,611 12	911 40	911 40	S
		Total for 8/8/2012			7,611 12	7,611 12	911 40	911 40	
22544R305	CREDIT SUISSE COMM RT ST-CO 2156								
Sold		08/08/12	244	2,025 20					
Acq		08/26/11	244	2,025 20	2,288 72	2,288 72	-263 52	-263 52	S
		Total for 8/8/2012			2,288 72	2,288 72	-263 52	-263 52	
256206103	DODGE & COX INT'L STOCK FD 1048								
Sold		02/10/12	63	2,008 44					
Acq		05/23/07	63	2,008 44	3,067 47	3,067 47	-1,059 03	-1,059 03	L
		Total for 2/10/2012			3,067 47	3,067 47	-1,059 03	-1,059 03	
256206103	DODGE & COX INT'L STOCK FD 1048								
Sold		08/08/12	262	8,245 14					
Acq		05/23/07	262	8,245 14	12,756 78	12,756 78	-4,511 64	-4,511 64	L
		Total for 8/8/2012			12,756 78	12,756 78	-4,511 64	-4,511 64	
256206103	DODGE & COX INT'L STOCK FD 1048								
Sold		11/19/12	53	1,735 22					
Acq		05/23/07	53	1,735 22	2,580 57	2,580 57	-845 35	-845 35	L
		Total for 11/19/2012			2,580 57	2,580 57	-845 35	-845 35	
256210105	DODGE & COX INCOME FD COM 147								
Sold		02/10/12	2659	36,188 99					
Acq		11/01/07	499 77	6,801 87	6,312 10	6,312 10	489 77	489 77	L
Acq		08/26/11	1856 887	25,272 23	24,882 28	24,882 28	389 95	389 95	S
Acq		02/04/11	302 343	4,114 89	4,000 00	4,000 00	114 89	114 89	L
		Total for 2/10/2012			35,194 38	35,194 38	994 61	994 61	
256210105	DODGE & COX INCOME FD COM 147								
Sold		11/19/12	3897	54,285 21					
Acq		05/23/07	1226 611	17,086 69	15,492 10	15,492 10	1,594 59	1,594 59	L
Acq		08/10/12	1673 423	23,310 78	23,076 51	23,076 51	234 27	234 27	S
Acq		05/10/12	993 449	13,838 74	13,600 32	13,600 32	238 42	238 42	S
Acq		11/01/07	3 517	48 99	44 42	44 42	4 57	4 57	L
		Total for 11/19/2012			52,213 35	52,213 35	2,071 86	2,071 86	
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold		05/08/12	138	3,621 12					
Acq		12/17/10	138	3,621 12	3,244 38	3,244 38	376 74	376 74	L
		Total for 5/8/2012			3,244 38	3,244 38	376 74	376 74	

Wells Fargo

Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 1013002206

TW DIXSON FDN GOODWILL REHAB

Trust Year Ending 12/31/2012

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold		08/08/12	60	1,621 80					
Acq		12/17/10	60	1,621 80	1,410 60	1,410 60	211 20	211 20	L
		Total for 8/8/2012			1,410 60	1,410 60	211 20	211 20	
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold		02/10/12	94	2,306 76					
Acq		10/31/08	94	2,306 76	1,471 10	1,471 10	835 66	835 66	L
		Total for 2/10/2012			1,471 10	1,471 10	835 66	835 66	
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold		04/10/12	1196 691	29,630 07					
Acq		12/15/08	473 148	11,715 14	5,748 75	5,748 75	5,966 39	5,966 39	L
Acq		10/31/08	723 543	17,914 93	11,323 45	11,323 45	6,591 48	6,591 48	L
		Total for 4/10/2012			17,072 20	17,072 20	12,557 87	12,557 87	
411511504	HARBOR CAPITAL APRCTION-INST 2012								
Sold		02/10/12	92	3,775 68					
Acq		05/25/11	92	3,775 68	3,582 48	3,582 48	193 20	193 20	S
		Total for 2/10/2012			3,582 48	3,582 48	193 20	193 20	
448108100	HUSSMAN STRATEGIC GROWTH FUND 601								
Sold		08/08/12	1843	20,512 59					
Acq		12/20/11	1843	20,512 59	23,221 80	23,221 80	-2,709 21	-2,709 21	S
		Total for 8/8/2012			23,221 80	23,221 80	-2,709 21	-2,709 21	
464287200	ISHARES S & P 500 INDEX FUND								
Sold		05/08/12	130	17,685 94					
Acq		12/16/11	130	17,685 94	15,990 00	15,990 00	1,695 94	1,695 94	S
		Total for 5/8/2012			15,990 00	15,990 00	1,695 94	1,695 94	
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold		02/10/12	90	2,319 30					
Acq		12/17/10	90	2,319 30	2,242 80	2,242 80	76 50	76 50	L
		Total for 2/10/2012			2,242 80	2,242 80	76 50	76 50	
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold		08/13/12	50	1,292 00					
Acq		05/10/12	50	1,292 00	1,262 50	1,262 50	29 50	29 50	S
		Total for 8/13/2012			1,262 50	1,262 50	29 50	29 50	
51855Q655	LAUDUS MONDRIAN INTL FI-INST 2940								
Sold		08/08/12	962	11,418 94					
Acq		12/20/11	816 261	9,689 02	9,419 65	9,419 65	269 37	269 37	S
Acq		05/10/12	145 739	1,729 92	1,715 35	1,715 35	14 57	14 57	S
		Total for 8/8/2012			11,135 00	11,135 00	283 94	283 94	
552983694	MFS VALUE FUND-CLASS I 893								
Sold		08/08/12	88	2,201 76					
Acq		05/25/11	88	2,201 76	2,128 72	2,128 72	73 04	73 04	L
		Total for 8/8/2012			2,128 72	2,128 72	73 04	73 04	

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Statement of Capital Gains and Losses From Sales

(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 1013002206

TW DIXSON FDN GOODWILL REHAB

Trust Year Ending 12/31/2012

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold		02/10/12	1363	17,746 26					
Acq		12/20/11	1363	17,746 26	16,328 74	16,328 74	1,417 52	1,417 52	S
		Total for 2/10/2012			16,328 74	16,328 74	1,417 52	1,417 52	
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold		05/08/12	104	1,359 28					
Acq		12/20/11	104	1,359 28	1,245 92	1,245 92	113 36	113 36	S
		Total for 5/8/2012			1,245 92	1,245 92	113 36	113 36	
56063J302	MAINSTAY EP US EQUITY-INS 1204								
Sold		08/08/12	1221 361	16,341 81					
Acq		12/20/11	1221 361	16,341 81	14,631 90	14,631 90	1,709 91	1,709 91	S
		Total for 8/8/2012			14,631 90	14,631 90	1,709 91	1,709 91	
589509108	MERGER FD SH BEN INT 260								
Sold		08/08/12	388	6,165 32					
Acq		12/20/11	388	6,165 32	6,204 12	6,204 12	-38 80	-38 80	S
		Total for 8/8/2012			6,204 12	6,204 12	-38 80	-38 80	
683974505	OPPENHEIMER DEVELOPING MKT-Y 788								
Sold		02/10/12	75	2,422 50					
Acq		05/25/11	75	2,422 50	2,619 75	2,619 75	-197 25	-197 25	S
		Total for 2/10/2012			2,619 75	2,619 75	-197 25	-197 25	
693390700	PIMCO TOTAL RET FD-INST 35								
Sold		02/10/12	3295	36,607 45					
Acq		08/26/11	2991 193	33,232 15	32,813 39	32,813 39	418 76	418 76	S
Acq		05/25/11	303 807	3,375 30	3,350 99	3,350 99	24 31	24 31	S
		Total for 2/10/2012			36,164 38	36,164 38	443 07	443 07	
693390882	PIMCO FOREIGN BD FD USD H-INST 103								
Sold		08/08/12	1148	12,685 40					
Acq		02/14/12	251 054	2,774 15	2,676 24	2,676 24	97 91	97 91	S
Acq		08/26/11	230 167	2,543 35	2,446 67	2,446 67	96 68	96 68	S
Acq		05/25/11	78 107	863 08	817 00	817 00	46 08	46 08	L
Acq		12/20/11	184 826	2,042 33	1,970 25	1,970 25	72 08	72 08	S
Acq		02/04/11	403 846	4,462 50	4,200 00	4,200 00	262 50	262 50	L
		Total for 8/8/2012			12,110 16	12,110 16	575 24	575 24	
76628T645	RIDGEWORTH SEIX HY BD-I 5855								
Sold		08/08/12	190	1,869 60					
Acq		02/14/12	190	1,869 60	1,837 30	1,837 30	32 30	32 30	S
		Total for 8/8/2012			1,837 30	1,837 30	32 30	32 30	
76628T645	RIDGEWORTH SEIX HY BD-I 5855								
Sold		11/19/12	550	5,456 00					
Acq		02/14/12	13 63	135 21	131 80	131 80	3 41	3 41	S
Acq		08/26/11	536 37	5,320 79	5,025 79	5,025 79	295 00	295 00	L
		Total for 11/19/2012			5,157 59	5,157 59	298 41	298 41	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		05/08/12	5845	28,348 25					
Acq		02/14/12	2883 823	13,986 54	13,957 70	13,957 70	28 84	28 84	S

Wells Fargo

Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 1013002206

TW DIXSON FDN GOODWILL REHAB

Trust Year Ending 12/31/2012

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		05/08/12	5845	28,348 25					
Acq		08/29/11	2961 177	14,361 71	14,361 71	14,361 71	-0 00	-0 00	S
		Total for 5/8/2012			28,319 41	28,319 41	28 84	28 84	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		08/08/12	8726	42,321 10					
Acq		02/14/12	8726	42,321 10	42,233 84	42,233 84	87 26	87 26	S
		Total for 8/8/2012			42,233 84	42,233 84	87 26	87 26	
77957P105	T ROWE PRICE SHORT TERM BD FD 55								
Sold		11/19/12	3410	16,538 50					
Acq		02/14/12	3410	16,538 50	16,504 40	16,504 40	34 10	34 10	S
		Total for 11/19/2012			16,504 40	16,504 40	34 10	34 10	
78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL								
Sold		02/10/12	60	2,115 28					
Acq		05/23/11	60	2,115 28	2,378 68	2,378 68	-263 40	-263 40	S
		Total for 2/10/2012			2,378 68	2,378 68	-263 40	-263 40	
78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL								
Sold		08/08/12	85	3,294 75					
Acq		05/23/11	85	3,294 75	3,369 80	3,369 80	-75 05	-75 05	L
		Total for 8/8/2012			3,369 80	3,369 80	-75 05	-75 05	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		02/10/12	101	2,973 44					
Acq		12/17/10	101	2,973 44	2,939 10	2,939 10	34 34	34 34	L
		Total for 2/10/2012			2,939 10	2,939 10	34 34	34 34	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		11/19/12	530	13,546 80					
Acq		05/10/12	92 127	2,354 77	2,516 92	2,516 92	-162 15	-162 15	S
Acq		12/17/10	437 873	11,192 03	12,742 10	12,742 10	-1,550 07	-1,550 07	L
		Total for 11/19/2012			15,259 02	15,259 02	-1,712 22	-1,712 22	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		12/19/12	582 478	15,627 88					
Acq		08/10/12	31 233	837 98	847 04	847 04	-9 06	-9 06	S
Acq		12/17/10	551 245	14,789 90	16,041 23	16,041 23	-1,251 33	-1,251 33	L
		Total for 12/19/2012			16,888 27	16,888 27	-1,260 39	-1,260 39	
922042858	VANGUARD EMERGING MARKETS ETF								
Sold		02/10/12	58	2,503 04					
Acq		12/17/10	58	2,503 04	2,732 76	2,732 76	-229 72	-229 72	L
		Total for 2/10/2012			2,732 76	2,732 76	-229 72	-229 72	
922908553	VANGUARD REIT VIPER								
Sold		02/10/12	34	2,108 80					
Acq		12/17/10	34	2,108 80	1,815 82	1,815 82	292 98	292 98	L
		Total for 2/10/2012			1,815 82	1,815 82	292 98	292 98	

Wells Fargo

Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

Account Id: 1013002206

TW DIXSON FDN GOODWILL REHAB
Trust Year Ending 12/31/2012

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
922908553	VANGUARD REIT VIPER								
Sold		05/08/12	21	1,371 38					
Acq		12/17/10	21	1,371 38	1,118 25	1,121 54	253 13	249 84	L
		Total for 5/8/2012			1,118 25	1,121 54	253 13	249 84	
922908553	VANGUARD REIT VIPER								
Sold		08/08/12	15	987 84					
Acq		12/17/10	15	987 84	785 31	790 09	202 53	197 75	L
		Total for 8/8/2012			785 31	790 09	202 53	197 75	
		Total for Account: 1013002206			432,903 59	432,911 66	12,900 12	12,892 05	

Total Proceeds.		Fed	State
445,803 71	S/T Gain/Loss	4,700 92	4,700 92
	L/T Gain/Loss	8,199 20	8,191 13

Security Type	Account #	EIN	CUSIP	Asset Name	Fed Cost	FMV	Units
Savings & Temp Inv	1013002206	58-615564	VP0528308	FEDERATED TREAS OBL FD 68	39381 45	39381 45	39381 45
Savings & Temp Inv	1013002206	58-615564	VP0528308	FEDERATED TREAS OBL FD 68	17543 41	17543 41	17543 41
Cash	1013002206	58-6155644			2295 03	2295 03	2295.03
					59219 89	59219 89	
Invest - Other	1013002206	58-615564	04314H204	ARTISAN INTERNATIONAL FUND #661	47384 28	57172 32	2325 023
Invest - Other	1013002206	58-615564	256210105	DODGE & COX INCOME FD COM #147	52807 43	58437.93	4216 301
Invest - Other	1013002206	58-615564	411511504	HARBOR CAPITAL APRCTION-INST #2012	63645 36	72143 64	1696.699
Invest - Other	1013002206	58-615564	589509108	MERGER FD SH BEN INT #260	17784.58	17646	1114.719
Invest - Other	1013002206	58-615564	693390700	PIMCO TOTAL RET FD-INST #35	174514.5	178722 5	15900 58
Invest - Other	1013002206	58-615564	693390882	PIMCO FOREIGN BD FD USD H-INST #103	24320.41	25832 51	2394 116
Invest - Other	1013002206	58-615564	77957P105	T ROWE PRICE SHORT TERM BD FD #55	9380.78	9400 16	1938.177
Invest - Other	1013002206	58-615564	04314H600	ARTISAN MID CAP FUND-INS #1333	33224 06	32711 29	837 677
Invest - Other	1013002206	58-615564	464287648	ISHARES RUSSELL 2000 GROWTH	29592.89	30499 2	320
Invest - Other	1013002206	58-615564	464287200	ISHARES CORE S & P 500 ETF	36731 1	42083 16	294
Invest - Other	1013002206	58-615564	51855Q655	LAUDUS MONDRIAN INTL FI-INST #2940	25639 81	25728 68	2221 82
Invest - Other	1013002206	58-615564	256206103	DODGE & COX INT'L STOCK FD #1048	48255 99	57011 79	1645.837
Invest - Other	1013002206	58-615564	552983694	MFS VALUE FUND-CLASS I #893	50339.34	55024 18	2161 201
Invest - Other	1013002206	58-615564	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	57009.28	60268 61	3928 853
Invest - Other	1013002206	58-615564	262028855	DRIEHAUS ACTIVE INCOME FUND	17680.85	18122 45	1698 449
Invest - Other	1013002206	58-615564	339128100	JP MORGAN MID CAP VALUE-I #758	23274 9	27710 1	990
Invest - Other	1013002206	58-615564	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	26307 24	22654.92	2115 305
Invest - Other	1013002206	58-615564	922908553	VANGUARD REIT VIPER	35414.12	43625 4	663
Invest - Other	1013002206	58-615564	922042858	VANGUARD MSCI EMERGING MARKETS ETF	38910 98	38384 86	862
Invest - Other	1013002206	58-615564	683974505	OPPENHEIMER DEVELOPING MKT-Y #788	37228 93	38413 2	1101.296
Invest - Other	1013002206	58-615564	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	37926 01	43913 7	1062
Invest - Other	1013002206	58-615564	25264S833	DIAMOND HILL LONG-SHORT FD CL I #11	28336.86	30499.15	1662 079
Invest - Other	1013002206	58-615564	76628T645	RIDGEWORTH SEIX HY BD-I #5855	55521 34	60221 07	5927 271
Invest - Other	1013002206	58-615564	367829884	GATEWAY FUND - Y #1986	29489 07	29166 32	1075.851
Invest - Other	1013002206	58-615564	22544R305	CREDIT SUISSE COMM RET ST-I #2156	61449	57586 86	7171 465
Invest - Other	1013002206	58-615564	487300808	KEELEY SMALL CAP VAL FD CL I #2251	28745 37	33224.41	1153 225
					1090915	1166204	
				Total	1150134	1225424	