

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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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

2012
Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and end	dina	<u></u>	
		C Name of organization		D Employer identific	ation number
a	heck if pplicable	GOODWILL INDUSTRIES OF LANE AND		D Employer Identific	Judon Maniber
_	Addres	S COVERY CON OF COUNTED FOR			
H	_]chang □Name			93-05	72370
H	_]chang □]inıtıal		om/outo		
늗	∐return ∐Termır	,	om/suite	E Telephone number 541-34!	
<u></u>	_ated _Amend	1010 GREEN ACKES ID		<del>-</del> -	
X	_return  Applic	City, town, or post office, state, and ZIP code		G Gross receipts \$	20,991,750.
	tion pendin	EUGENE, OK 37400		H(a) is this a group re	
	•	F Name and address of principal officer KRISTY LANGWORTHY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	·	list (see instructions)
		e: WWW.GOODWILL-OREGON.ORG	<del></del>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year o	of formation: 1954 N	State of legal domicile; OR
Pa	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities SEE SCHED	DULE O		
Governance					
Ĕ		Check this box  If the organization discontinued its operations or disposed	of more	3 1	ets
Š	l l	Number of voting members of the governing body (Part VI, line 1a)		3	
	l .	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	584
Σį		Total number of volunteers (estimate if necessary)		6	310
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), [Fe] 12/ [[]		7a	-8,467.
	ь	Net unrelated business taxable income from Form-990-T, line 34		7b	-8,467.
		T NOV a biscass	-	Prior Year	Current Year
Rèvende				3,710,258.	4,078,615.
		Program service revenue (Part VIII, line 2g)	_	14,155,797.	15,119,715.
		Investment income (Part VIII, column (A), lines 3, 4 (and d) EN, UT		49,403.	41,912.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		777,044.	623,035.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,692,502.	19,863,277.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)	_		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	8,774,148.	9,617,646.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	、	0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>'</u> -	0 835 045	0 440 313
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,735,045.	9,449,313.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		17,509,193.	19,066,959.
		Revenue less expenses Subtract line 18 from line 12		1,183,309.	796,318.
Assets or d Balances			Beg	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	<u> </u>	16,913,886.	18,815,937.
Net A	21	Total liabilities (Part X, line 26)		4,802,656.	5,897,550.
		Net assets or fund balances Subtract line 21 from line 20		12,111,230.	12,918,387.
	art II	Signature Block	<u> </u>	-4	Impulate and balatus
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	nas any knowleoge	
		Signature of officer		I Date	
Sig				Dato	
Her	е	KRISTY LANGWORTHY, DIRECTOR OF FINANCE  Type or print name and title			
			[D	Date Check	PTIN
Da:d		Print/Type preparer's name  Preparer's signature  Preparer's signature	<u>ጻ</u> [-	11/4/14 # 5	ᆜL。。,,,,,,,
Paid				1 00.1 0	91-0189318
	arer Only			Firm's EIN	
026	Jilly	Firm's address 975 OAK STREET SUITE 500  EUGENE, OR 97401		Phone no. 54	1-686-1040
Mar	the If	RS discuss this return with the preparer shown above? (see instructions)		Tritone III. 33	X Yes No
	01 12-10				Form <b>990</b> (2012)
	1				····· - \ <del></del> ·-/

201

Form 990 (2012) SOUTH COAST COUNTIES 93-0572370  Part III Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission  SEE SCHEDULE 0  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by experimental section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive revenue, if any, for each program service reported  (code ) (Expenses \$ 14,604,952. Including gants of \$ ) (Revenue \$ 1.000   Contains of the program service reported   Contains of the program service   Contains of the program	ses, and
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services, as measured by experiments for each 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensivence, if any, for each program service reported  Donated Goods Employment - Provides Collection, Sorting and Sales  Employment Opportunities to Individuals with Disabilities and other	Yes X No Yes X No enses. ses, and
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?  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 experience of the organization of the service accomplishments for each of its three largest program services, as measured by experience of the organization of the service reported of the service including grants of the service of the service including grants of the service of the	Yes X No enses. ses, and
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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?  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 experience of Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive revenue, if any, for each program service reported  4a (Code ) (Expenses \$ 14,604,962. including grants of \$ 1.000 (Expenses \$ 14,604,962. including grants of \$ 1.000 (Expenses	Yes X No enses. ses, and
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Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported  (Code) (Expenses \$ 14,604,962. including grants of \$) (Revenue \$)  DONATED GOODS EMPLOYMENT - PROVIDES COLLECTION, SORTING AND SALES  EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND OTHER	enses. ses, and
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Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive revenue, if any, for each program service reported  4a (Code) (Expenses \$ 14,604,962. including grants of \$) (Revenue \$1	ses, and
revenue, if any, for each program service reported  4a (Code) (Expenses \$ 14,604,962. including grants of \$) (Revenue \$1.  DONATED GOODS EMPLOYMENT - PROVIDES COLLECTION, SORTING AND SALES  EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND OTHER	
4a (Code ) (Expenses \$ 14,604,962. including grants of \$ ) (Revenue \$ 1.000 DONATED GOODS EMPLOYMENT - PROVIDES COLLECTION, SORTING AND SALES EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND OTHER	4,196,257.)
DONATED GOODS EMPLOYMENT - PROVIDES COLLECTION, SORTING AND SALES EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND OTHER	4,196,257.
EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND OTHER	
BARRIERS TO EMPLOYMENT.	
1 501 660	
4b (Code) (Expenses \$1,534,668. including grants of \$) (Revenue \$)	1,034,711.
LONG TERM EMPLOYMENT - PROVIDES EMPLOYMENT AND VOCATIONAL SERVICES TO	
ADULTS (AGE 18+) WITH DISABILITIES WHO REQUIRE LONG-TERM ASSISTANCE TO	
MAINTAIN EMPLOYMENT. SERVICES INCLUDE JOB COACHING, CASE MANAGEMENT,	
COMMUNICATION ASSISTANCE, MEDICATION MONITORING AND MORE.	
404 972	167,274.)
4C (Code) (Expenses \$404,972. including grants of \$) (Revenue \$)  JOB CONNECTIONS - PROVIDES JOB SEEKERS WITH THE RESOURCES TOOLS AND	187,274.
COUNSELING NECESSARY TO FIND IMMEDIATE EMPLOYMENT IN THE COMMUNITY.	
THIS FREE SERVICE IS OPEN TO THE PUBLIC AND ASSISTS JOB SEEKERS TO	
IDENTIFY AND MARKET THEIR SKILLS THROUGH EFFECTIVE APPLICATIONS, RESUME	
AND COVER LETTER DEVELOPMENT. THE SERVICE OFFERS COACHING REGARDING	
INTERVIEW TECHNIQUES, JOB SEARCH STRATEGIES, PERSONAL APPEARANCE AND	
OTHER TOPICS. PARTICIPANTS ARE ALSO GIVEN LABOR MARKET INFORMATION AND	
APPROPRIATE JOB LEAD REFERRALS. EMPLOYMENT WORKSHOPS ARE OFFERED ON A	
MONTHLY BASIS.	
<del></del>	
<del></del>	
A1. Other and (Development of the Co.)	
4d Other program services (Describe in Schedule O )	
(Expenses \$ 225,827. including grants of \$ ) (Revenue \$ 349,096.)	
4e Total program service expenses 16,770,429.	orm <b>990</b> (2012)

# Form 990 (2012) SOUTH COAST COUNTY 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?	2		х
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		х
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		х
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		х
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		х
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	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
	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		<u>X</u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امرا		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
••	complete Schedule G, Part III	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)
		rorm	33U (	(2012)

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Pa	rt IV   Checklist of Required Schedules <sub>(continued)</sub>			
			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		х
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		х
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			ŀ
	Schedule J .	23	х	
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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
2.00	disqualified person during the year? If "Yes." complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.56		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		<u> </u>
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	•	20		<del></del> -
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			1
		27		x
00	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		<u> </u>
28				
_	instructions for applicable filing thresholds, conditions, and exceptions)	-		x
a		28a		x
b	• • • • • • • • • • • • • • • • • • • •	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
^4	contributions? If "Yes," complete Schedule M	30		-
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ما		х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
	Part V, line 1	34	_	<u>x</u>
35a		35a		
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	(2012)

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Plant V   Statements Regarding Other IRS Filings and Tax Compliance   The Standard Control of Standard	Form	990 (2012) SOUTH COAST COUNTIES 93-057237	0	Р	age 5
Series the number reported in Box 3 of Form 1096. Enter 0- if not applicable   18   50   0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of porms W3G checked with net a. Enter cP- fund applicable  1b Enter the number of porms W3G checked with net a. Enter cP- fund applicable  1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming gamming without provided to the companization comply with backup withholding rules for reportable payments to vendors and reportable gamming gamming without provided to the calendar year ending with or within the year covered by this return  1c S S S S S S S S S S S S S S S S S S S		Check if Schedule O contains a response to any question in this Part V			
Enter the number of Forms W26 included in line 1s Enter-O- in foil applicable  De the organization comply with backup withholding rules for exportable payments to windors and reportable gaming (gamillang) withings to prize with marking the complex of the comple				Yes	No
De the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
gembingly winnings to prize winners?  Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary year andring with or within the year covered by this return  If at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1s and 2 as greater than 250, you may be required to g-rife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If If Yes, This is filled a Form 990T for this year? If No," provide an extentive account, or other dismost and account; year, the sab that account, securities account, or other financial Accounts.  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b If Yes, The line Sa or Sb. did the organization first it was or is a party to a prohibited tax sheller transaction?  6c If Yes, To this ins Sa or Sb. did the organization first it was or is a party to a prohibited and the organization first it was or is a party to a prohibited tax sheller transaction?  6c If Yes, To the organization include with every solicitation an express statement that such contributions or grift were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of SiS finate party as a contribution and party for goods and services provided?  7 Did the organization receive an apyment in excess of SiS finate party as a contribution and party for goods and services provided to the payor?  7 Did the organization receive a payment in excess of SiS finate party as a contribution and party for goods and services provided to the payor?  7 Did the organization receive a payment in excess of SiS finate party as a contribution on for material person or good and services provided to the payor?  9 Did the organization receive a contribution of qualified intellectual property, did the orga	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
Erner the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, liled for the calendar year ending with or within the year covered by this return.  If a least once is reported on line 23, 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. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3a. X  3b. X  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)?  5b. If "Yes," there the name of the foreign country.  5c. If "Yes," there the name of the foreign country.  5c. Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?  5c. If "Yes," to line Sa or Sb, did the organization that it was or is a party to a princhloted tax shelfer transaction?  6c. If "Yes," to line Sa or Sb, did the organization file Form 888617  6d. 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 chariable contributions:  6d. If "Yes," to line Sa or Sb, did the organization file Form 888617  6d. If "Yes," to line Sa or Sb, did the organization file form state or such tax deductible?  6d. If Yes, If or the organization moulds with very solicitation an exploses statement that such contributions or grits were not tax deductible?  6d. If Yes, Totalism that may receive deductible contributions under section 170(c).  6d. If Yes, Totalism that may receive deductible contributions under section 170(c).  6d. If Yes, Totalism that may receive deductible contributions under section 170(c).  6d. If Yes, Totalism that may receive deductible contributions or an organization in the form 8899 as required to	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Filed for the calendar year ending with or within the year covered by this return   2a   584		(gambling) winnings to prize winners?	1c	X	
b if at least one is reported on line 2a, ad 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-ritig (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 a X  3 b If "Yes," has if filed a form 990-T for this year? If "No," provide an explanation in Schedule O  4 At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly.  5 If "Yes," enter the name of the foreign country.  5 See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Did was the organization aparty to a prohibited as charable contributions?  6 If "Yes," did the organization or file Form 8886-71  7 Organizations that may receive deductible on tributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution of and party for goods and services provided to the payor?  7 Did the organization start may receive deductible contributions under section 170(c).  8 Did the organization start may receive deductible contributions under section and party for goods and services provided to the payor?  9 Did the organization start may receive deductible contributions and payment of the paym	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has filled a Form 990 T for this year? If "No," provide an explanation in Schedule O  A tainy time during the calendar year, did the organization have an interest ii, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if "Yes," then the name of the foreign country ▶  See instructions for filing requirements for Form TD F 90.22 I, Report of Foreign Bank and Financial Accounts.  Sa Was the organization file the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  b Old any taxable party notify the organization file Form 888617  C if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
b if "Yes," has if filed a Form 990-T for this year? If "No," provide an explaration in Schedule 0  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, as other financial account;)  b if "Yes," enter the name of the foreign country   Sew financial account, or other financial account;)  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?  5b Id any taxable party notify the organization file Form 8896-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that time on tax deductible as charaftable contributions?  6a X  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charaftable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  a Did the organization shalt may receive deductible contributions under section 170(c).  b If "Yes," indicate the number of Forms 8282 filed during the year of the goods or services provided?  c Did the organization section on notify the donor of the value of the goods or services provided?  7b If the organization receive a payment in excess of \$15 made party as a contribution of the goods or services provided?  7c X  7d If Yes," indicate the number of Forms 8282 filed during the year  b Off the organization receive a contribution of upalfied intellectual property, did the organization. Did the supporting of the programation received a contribution of cars, boats, antipanes, or other vehicles, did the organization. Bid and the property of the programation in the		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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financial account in a foreign country   ►	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	х	
bill *Yes,* anter the name of the foreign country See instructions for filing requirements for Form TD F90:21, Report of Foreign Bank and Financial Accounts.  Sa Was the organization aptry to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If 'Yes,* 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If 'Yes,* 'to differ 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?  b If 'Yes,* 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  B Old the organization and that may receive deductible contributions under section 170(c).  B Old the organization notify the donor of the value of the goods or services provided?  The contribution and partly for goods and services provided to the payor?  The contribution and partly for goods and services provided to the payor?  The contribution and partly for goods and services provided to the payor?  The contribution and partly for goods and services provided to file Form 8282 filed during the value of the goods or services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The contribution and partly for goods and services provided?  The	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5. If "Yes," to line 5 a or 5b, did the organization file Form 886-T?  6. 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?  6. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  8. Did the organization are payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8. If "Yes," did the organization notify the donor of the value of the goods or services provided?  9. If "Yes," indicate the number of Forms 8282 filed during the year  10. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12. If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  13. Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.  14. Did the organization make any taxable distributions under section 4966?  15. Did the organization make any taxable distributions under section 4966?  16. Section 501(c)(X) organizations. Enter  17. In the organization make a distribution to a donor, donor advisor, or related person?  18. Section 501(c)(X) organizations. Enter  19. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  19. If "Yes," enter the amount of tax-exempt interest received or accrued during the year  19. Section 50		See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
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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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 595(a)(3) supporting organization. Did the supporting organizations. Did the supporting organizations in patients of more advised funds.  Did the organization make any taxable distributions under section 4966?  B Did the organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities  11 Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  22 Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts of tax-exempt interest received or accrued during the year  12a Section 501(c)(7) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts of tex-exempt interest received or accrued during the year  12b If "Yes," enter the amount of reserves the organization is required to main		were not tax deductible?	6b		
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SOUTH COAST COUNTIES

93-0572370

Form 990 (2012)

SOUTH COAST COUNTIES

93-0572370

Pag

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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  9			
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		Х
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		Х
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion 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		<u> </u>
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	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	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		İ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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	- <u> </u> -		
	taxable entity during the year?	16a		<u>x</u>
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		
	tion C. Disclosure	<del></del>		
17	List the states with which a copy of this Form 990 is required to be filed OR	. 1.1.1		
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) as	ranable	,	
	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)	<b>6</b>		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	Tinano	iai	
	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 of the organization of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person of the	JEL 📂		
	THE ORGANIZATION - 541-345-1801 1010 GREEN ACRES RD, EUGENE, OR 97408			
23200		Form	990	(2012)

SOUTH COAST COUNTIES

93-0572370

#### 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

#### 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	n nor any related	orga	nıza	tion	соп	nper	ısate	ed any current officer, d	rector, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c		ntior		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer an	a a a	Pecic	y/uus	100)	from	from related	other
	(list any	acto						the	organizations	compensation
	hours for	0.d	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustae	trust		96	) Den		(W-2/1099-MISC)		organization and related
	below	ra la	tional		old	in ag	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) VIRGINIA SLATE	4.00					-				<del></del>
CHAIR		x						0.	0.	0.
(2) DORLON HIMBER	2.00									
DIRECTOR		x						0.	0.	0.
(3) KATHLEEN HYNES	2.00									
SECRETARY		х						0.	0.	0.
(4) ELIZABETH BICKFORD	2.00									
DIRECTOR		Х						0.	0.	0.
(5) KEVIN MCANDREWS	2.00									
VICE CHAIR		Х	Ш					0.	0.	0.
(6) CINDI MILLER	2.00									
DIRECTOR		X	Щ			<u> </u>	L	0.	0.	0.
(7) DON HESCHLES	2.00									
TREASURER		Х			<u> </u>		L.	0.	0.	0.
(8) MIKE LEWIS	2.00				ŀ		Ì			
DIRECTOR		Х	Щ		L	L.,	L_	0.	0.	0.
(9) JIM GILROY	2.00									
DIRECTOR		х			L			0.	0.	0.
(10) JAMES F. MARTIN	40.00							:		
PRESIDENT & CEO		ļ		Х				303,011.	0.	36,152.
(11) KRISTY LANGWORTHY	40.00					i				
CFO		<u> </u>	Н	Х		Н		130,738.	0.	19,813.
(12) JIM NELSON	40.00					l_		424.000		
DIRECTOR OF BUSINESS OPERATIONS						х		134,873.	0.	17,959.
<del></del>	<del></del>	H	$\vdash$			-				
			$\vdash$			$\vdash$	-			<del></del>
	<del> </del>		$\vdash$			H				
	<del></del>									
			$\vdash$	$\dashv$		Н				<del></del>
<del></del>		لـــا				ــــا		<u> </u>		

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Form 990 (2012)

Form 990 (2012)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u>l Hi</u>	ghes	t C	ompensated Employee	s (continued)						
(A)	(B)				C)			(D)	(E)			(F)			
Name and title	Average	l (do		Pos		l than c	ne	Reportable	Reportable				ed		
	hours per	box	, unle	ss per	rson ı	s both	an	compensation	compensation		ar	nount			
	week (list any				I delle	1,003	GC,	from	from related	ı		other			
	hours for	Individual trustee or director			ŀ	-		the organization	organizations (W-2/1099-MIS						
	related	98 O.	stee		ŀ	nsate		(W-2/1099-MISC)	(** 2., *********************************	,	organizatio				
	organizations	trust	la F		оувв	e e					an	d rela	ted		
	below	ıvıdua	Institutional trustee	Officer	Кву втріоувв	Highest compensated employee	Former				org	anızat	ions		
	line)	를	_≌_	ii0	Š.	풀	Ē		1						
			H	-	├	Н									
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		H	-							<del> </del>					
		ŀ													
					-	$\vdash$									
			ŀ												
1b Sub-total			٠			┢		568,622.		٥.		73,	924.		
c Total from continuation sheets to Part VI	I, Section A					•		0.		0.	0.				
d Total (add lines 1b and 1c)						<b>&gt;</b>		568,622.		0.		73,	924.		
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	re	eceived more than \$100,	000 of reportable						
compensation from the organization													3		
										_		Yes	No		
3 Did the organization list any former officer,		iste	e, ke	y en	nplo	yee,	or h	highest compensated en	nployee on		_	<i>.</i> *			
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>	X		
4 For any individual listed on line 1a, is the su	•		-					•	ne organization	1		x	-2.		
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									tual for conveces		4	<u> </u>	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		
rendered to the organization? If "Yes." com							iait	organization of individ	idai ioi services		5		x ~~~		
Section B. Independent Contractors	ipiete Scheduk	<u> </u>	וב, זכ	<u> </u>	JELS	<u> </u>		·							
Complete this table for your five highest co	mpensated ind	epe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om			
the organization Report compensation for	the calendar ye	ar e	ndır	ıg w	rth c	or wit	hın	the organization's tax y	ear.						
(A)								(B)	1		((				
Name and business	address						_	Description of s	ervices	C	ompe	nsatio	n		
LCG PENCE, LLC															
2747N PENCE LOOP SE, SALEM, OR 97302								CONSTRUCTION/REMOD	EL SERVICE			835,	550.		
FEYNMAN GROUP								NETWORK/IT SUPPORT	CERVICE			100	25.0		
1177 PEARL STREET, EUGENE, OR 97401							÷	METWORK/IT SUPPORT	SERVICE			109,	259.		
							$\dashv$		<del>-</del>						
							寸								

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) (A) Related or Total revenue exempt function business sections 512, 513, or 514 revenue revenue 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a 1b Membership dues Fundraising events 1c 1d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and 4,078,615 similar amounts not included above 4,062,660. Noncash contributions included in lines 1a-1f \$ 4,078,615, Total. Add lines 1a-1f Business Code 13,669,780, 13,669,780 RETAIL SALES 453310 Program Service LONG TERM EMPLOYMENT 561300 1,034,711, 1,034,711. JOB CONNECTIONS 561300 167,274. 167,274. JOB PLACEMENT SERVICES 561300 159,219. 159,219. WORK EXPERIENCE 561300 88,731, 88,731. All other program service revenue 15,119,715. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 30,524. 30,524. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 459,777. 6 a Gross rents 471,430. b Less rental expenses -11,653. Rental income or (loss) -11,653. -8,467 -3,186. d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 21,636, assets other than inventory b Less cost or other basis 10,248, and sales expenses 11,388. c Gain or (loss) 11,388. 11,388. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,161,884 and allowances 646.795. Less cost of goods sold 515,089 515,089 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER INCOME 900099 119,599 101,146 18,453. 11 a b All other revenue 119,599. Total. Add lines 11a-11d 19.863,277. 15,747,338. -8,467. 45,791. Total revenue. See instructions. 232009 12-10-12 Form 990 (2012) SOUTH COAST COUNTIES

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# Form 990 (2012) SOUTH COAST COUNTIE Part IX Statement of Functional Expenses

Out of Statement of Farioticinal Expense	<del></del>			
Section 501(c)(3) and 501(c)(4) organizations must comp		-	nplete column (A).	
Check if Schedule O contains a respon  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
Grants and other assistance to governments and		o. po. co.	gonoraronponees	0,,50,,000
organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22				
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States See Part IV, lines 15 and 16	ì			
4 Benefits paid to or for members				
5 Compensation of current officers, directors,		<del></del>		
trustees, and key employees	642,546.		642,546.	
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	7,090,520.	6,732,206.	358,314.	
Pension plan accruals and contributions (include		-,,,	,	
section 401(k) and 403(b) employer contributions)	67,183.	54,480.	12,703.	
9 Other employee benefits	956,323.	820,981.	135,342.	
10 Payroll taxes	861,074.	779,065.	82,009.	
<u> </u>		,		
, ,	ļ			
a Management	7,414.		7,414.	
b Legal	42,665.	-	42,665.	****
c Accounting	42,003.		12,003.	
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,				
-	174,981.	61,193.	113,788.	
column (A) amount, list line 11g expenses on Sch O.)	25,396.	2,078.	113,700.	23,318.
12 Advertising and promotion	574,529.	520,369.	53,970.	190
13 Office expenses	374,323.	320,303.	33,570.	170.
14 Information technology				-
15 Royalties	1,520,270.	1,481,332.	38,938.	
16 Occupancy	298,482.	206,518,	91,964.	
17 Travel	250,402.	200,310.	J1,J04.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	40,566.	11,285.	29,281.	
19 Conferences, conventions, and meetings	248 564.	84,950.	163,614.	
20 Interest	240, 304.	04,550.	103,014.	
21 Payments to affiliates	847,720.	581,251.	266,469.	<del></del>
22 Depreciation, depletion, and amortization	94,124.	58,365.	35,759.	
23 Insurance 24 Other expenses. Itemize expenses not covered	77,147.	50,303.	33,133.	
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 COST OF SALES, DONATED	4,032,127.	4,032,127.		* ***
b SUPPLIES	745,327.	696,770.	48,557.	
c MISCELLANEOUS	462,543.	437,762.	24,781.	
d TRASH AND DUMP FEES	211,770.	209,697.	2,073.	
e All other expenses	122,835.	· †	122,835.	<del></del>
25 Total functional expenses. Add lines 1 through 24e	19,066,959.	16,770,429.	2,273,022.	23,508.
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 ff following SOP 98-2 (ASC 958-720)				
232010 12-10-12		<u> </u>		Form <b>990</b> (2012)

Form **990** (2012)

Form 990 (2012)

SOUTH COAST COUNTIES

93-0572370

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art	X	Balance Sheet					
		Check if Schedule O contains a response to any	question ii	n this Part X		. ,	
					(A) Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing			1,751,019.	1	622,310
	2	Savings and temporary cash investments			2,327,642.	2	2,765,376
	3	Pledges and grants receivable, net			88,628.	3	101,777
- 1	4	Accounts receivable, net		199,674.	4	351,570	
		Loans and other receivables from current and fo	rmer office	rs, directors,			
		trustees, key employees, and highest compensa					
		Part II of Schedule L.				5	
	6	Loans and other receivables from other disqualif	fied person	s (as defined under		1	
		section 4958(f)(1)), persons described in section			`		,
-		employers and sponsoring organizations of secti	, ,		*		
-{		employees' beneficiary organizations (see instr)		6			
2	7	Notes and loans receivable, net			7		
232613	8	Inventories for sale or use			565,364.	8	935,203
۱ ۲	9	Prepaid expenses and deferred charges			143,922.	9	163,301
		Land, buildings, and equipment cost or other	1 1	[	·		*
		basis Complete Part VI of Schedule D	10a	19,991,385.	` <u>*</u> .		
-	b	Less accumulated depreciation	10b	6,644,391.	11,306,990.	10c	13,346,994
- [	11	Investments - publicly traded securities			<u> </u>	11	
- 1	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		130,760.	14	129,212	
	15	Other assets. See Part IV, line 11		399,887.	15	400,194	
	16	Total assets. Add lines 1 through 15 (must equa		16,913,886.	16	18,815,937	
	17	Accounts payable and accrued expenses	935,622.	17	1,167,096		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
ا ؞	21	Escrow or custodial account liability Complete f		21			
Liaonnes	22	Loans and other payables to current and former			,	,	
₫		key employees, highest compensated employee			**		
ן ב		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third p	arties	3,867,034.	23	4,730,454
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24) Co	mplete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,802,656.	26	5,897,550
$\neg$		Organizations that follow SFAS 117 (ASC 958	), check h	ere X and			\$ 4m/s
, l		complete lines 27 through 29, and lines 33 an	id 34.				×\$*
2	27	Unrestricted net assets			12,111,230.	27	12,918,387
99	28	Temporarily restricted net assets				28	
ן מ	29	Permanently restricted net assets				29	······
Š		Organizations that do not follow SFAS 117 (A	SC 958), c	heck here 🕨 🔲			
		and complete lines 30 through 34.				· ·	an our or our name?
-	00	Capital stock or trust principal, or current funds				30	
IS OF P	30		and [		31		
ssets or r	31	Paid-in or capital surplus, or land, building, or ed	quipment fu	ino [			
t Assets or P		Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in				32	
Net Assets or Fund Balances	31				12,111,230.	32 33	12,918,387

Form	990 (2012) SOUTH COAST COUNTIES	93-05/	23/0	<u>Pa</u>	ge IZ
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,863,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	,066,	
3	Revenue less expenses Subtract line 2 from line 1	3			318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	<del></del>	230.
5	Net unrealized gains (losses) on investments	5		13,	443.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,	604.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12	,918,	387.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other		.		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	х
	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	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	İ		·
	consolidated basis, or both				
	Separate basis		ľ		
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				:
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

232012 12-10-12

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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

Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF LANE AND

SOUTH COAST COUNTIES

Employer identification number 93-0572370

P	art I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	) See inst	ructions					
The	organ	ization is not a	private foundation l	because it is (For lines 1	through 1	1, check o	only one bo	ox )						
1		A church, cor	vention of churches	s, or association of churc	ches descr	abed in se	ction 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)									
3		A hospital or	a cooperative hospi	tal service organization d	lescribed ii	n section	170(b)(1)	(A)(iii).						
4		A medical res	search organization of	operated in conjunction v	with a hos	prtal descri	ibed in se	ction 170	(b)(1)(A)(ii	i <b>).</b> Enter	the ho	ospital'	s nam	e,
		city, and state	e											
5		An organizati	on operated for the	benefit of a college or un	iversity ow	vned or op	erated by	a govemn	nental unit	describe	ed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)										
6		A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1	I)(A)(v).						
7		An organizati	on that normally rec	eives a substantial part o	of its suppo	ort from a	governme	ntal unit oi	from the	general p	oublic	descri	oed in	
		section 170(	b)(1)(A)(vi). (Comple	te Part II)										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9	X	An organizati	on that normally rec	eives (1) more than 33 1	/3% of rts	support fro	om contrib	utions, m	embership	fees, an	d gros	ss rece	ipts fr	om
		activities rela	ted to its exempt fur	nctions - subject to certai	ın exceptic	ons, and (2	) no more	than 33 1	/3% of its s	support f	rom g	ross in	vestm	ent
		income and u	inrelated business ta	axable income (less secti	on 511 tax	k) from bus	sinesses a	equired by	the organ	ization a	fter Ju	une 30,	1975	
		See section	<b>509(a)(2).</b> (Complete	Part III.)										
10		An organizati	on organized and op	perated exclusively to tes	st for public	c safety S	ee sectio	n 509(a)(4	I).					
11		•		perated exclusively for th										•
		more publicly	supported organiza	itions described in section	on 509(a)(1	) or sectioi	n 509(a)(2)	See see	ction 509(a	a)(3). Ch	eck th	ne box	that	
		describes the	type of supporting	organization and comple		_								
	_	a Type I		,,,	ype III - Fui	,	•			e III - Noi		-	_	
	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 organiz	ation received a writ	ten determination from t	he IRS tha	titis a Typ	oe I, Type	II, or Type	III					
			ganization, check th							_				Ш
!	g			rganization accepted an								ſ		
				rectly controls, either ald	one or toge	ether with	persons d	escribed ii	n (ii) and (ii	i) below,			Yes	No
		_	• •	upported organization?								11g(i)		
			-	described in (i) above?	67 h	•						11g(ii)		
	_			person described in (i) or							יו	1g(iii)		
į	h	Provide the fo	ollowing information	about the supported org	ganization(	S)								
_					kin la tha a		(v) Did vo	. notification	(vi) Is	the				
(	•	of supported	(ii) EIN		(iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the organization in co. (described on lines 1-9 in col. (i) listed in your organization in col. (i) organized in the collection of the collection				on in col.	(vii) Amount of monetary		netary		
	orga	anization		above or IRC section		document?		support?	(i) organız U.S	eo in the   .?		supp	ort	
				(see instructions))	Yes	No	Yes	No	Yes	No				
					1.55		<del></del>		1.55					
										:				
_		-				<del> </del>								
										ł				
_		-												
_							<u> </u>	ļ	<del> </del>	ļ				

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Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

						AS AII	MENDED
	edule A (Form 990 or 990-EZ) 2012	Organizationa	Donoribod in	Sections 170/	h\/4\/A\/;;,\ and	1 4 70/6\/4\/A\/.	Page 2
Pa	art II Support Schedule for	_		-			-
	(Complete only if you checke fails to qualify under the tests			-	n falled to qualify	under Part III II the	organization
50	ction A. Public Support	s listed below, piez	ase complete rart	·····	<del></del>		<del></del>
	· · · · · · · · · · · · · · · · · · ·	4-2-0000	1.10000	L 4-3-0010	(4) 0011	(-) 0010	(0 T-+-1
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Gifts, grants, contributions, and		1				
	membership fees received. (Do not	į			1		
_	include any "unusual grants ")		<b>†</b>		<del></del>	<del> </del>	
2	Tax revenues levied for the organ-			•			
	ization's benefit and either paid to						
_	or expended on its behalf		<del> </del>		<del> </del>	<del></del>	<u> </u>
3	The value of services or facilities						}
	furnished by a governmental unit to						
	the organization without charge		<del> </del>		<del> </del>	<del> </del>	
4	Total. Add lines 1 through 3						<del> </del>
5	The portion of total contributions					•	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					ľ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				<b> </b>	<del> </del>	
	Public support. Subtract line 5 from line 4		ļ		<u> </u>	<u> </u>	l
	ction B. Total Support		T	T	T	T	T
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4		<del> </del>	 	<del> </del> -	<del> </del>	
8	Gross income from interest,						
	dividends, payments received on						
	securties loans, rents, royalties						
	and income from similar sources					<del> </del>	
9	Net income from unrelated business					1	
	activities, whether or not the			1			
	business is regularly carried on		<u> </u>				ļ
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10					<del>                                     </del>	1
	Gross receipts from related activities,	,	•			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	
50	organization, check this box and stor ction C. Computation of Publi		centage			<del> </del>	
						Last	
14	Public support percentage for 2012 (I		•	olumn (t))		14	%
15	Public support percentage from 2011				4.4 - 00 4/00/	15	%
16a	33 1/3% support test - 2012. If the	=			14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-		L 45 00 4 (00)		▶□
t	33 1/3% support test - 2011. If the	<del>.</del>			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual				40.40		▶∟
17a	10% -facts-and-circumstances test	=					
	and if the organization meets the "fac					rt IV how the orga	nization
	meets the "facts-and-circumstances"	•		•	-		
t	10% -facts-and-circumstances test	<ul> <li>2011. If the org</li> </ul>	ianization did not c	neck a box on line	9 13, 16a, 16b, or	1/a, and line 15 is	າປ% or

Schedule A (Form 990 or 990-EZ) 2012

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

Page 3

# Schedule A (Form 990 or 990-EZ) 2012 SOUTH COAST COUNTIES 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 )								
Sec	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·				,			
Cale	ndar 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 ")	2,532,843.	2,815,611.	3,573,601.	3,710,258.	4,078,615.	16,710,928.		
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	11,898,668.	12,855,425.	14,455,547.	15,350,662.	16,281,598.	70,841,900.		
3	Gross receipts from activities that	•							
	are not an unrelated trade or bus-								
_	iness under section 513						· · · · · ·		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge		15 551 105	10.000.110	10.060.000	20. 262. 242	05 550 000		
	Total. Add lines 1 through 5	14,431,511.	15,671,036.	18,029,148.	19,060,920.	20,360,213.	87,552,828.		
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.		
_	Add lines 7a and 7b						0.		
-	Public support (Subtract line 7c from line 6)				de	1	87,552,828.		
	tion B. Total Support	A. V			.4.7				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
		14,431,511.	15,671,036.	18,029,148.	19,060,920.	20,360,213.	87,552,828.		
_	Amounts from line 6 Gross income from interest,	14,431,311.	13,071,030.	10,023,140.	15,000,520.	20,300,213.	07,332,020.		
iua	dividends, payments received on securities loans, rents, royalties and income from similar sources	656,588.	675,101.	491,785.	455,464.	432,835.	2,711,773.		
h	Unrelated business taxable income	,	, -	,	,	,			
U	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b	656,588.	675,101.	491,785.	455,464.	432,835.	2,711,773.		
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	103,881.	151,818.	180,366.	134,279.	119,599.	689,943.		
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)	15,191,980.	16,497,955.	18,701,299.	19,650,663.	20,912,647.	90,954,544.		
	First five years. If the Form 990 is for		first, second third	I, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,		
	check this box and stop here			. , =			· <b>•</b>		
					· · · · · · · · · · · · · · · · · · ·	45	96.26 %		
	Public support percentage for 2012 (li		•	(נו) וווויטוכ		15			
	Public support percentage from 2011 etion D. Computation of Inves					16	95.92 %		
17	Investment income percentage for 20	112 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	2.98 %		
18	Investment income percentage from 2	<b>2011</b> Schedule A, I	Part III, line 17			18	3.32 %		
19a	33 1/3% support tests - 2012. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not		
	more than 33 1/3%, check this box an	•					<b>▶</b> X		
h	33 1/3% support tests - 2011. If the	•	•						
_	line 18 is not more than 33 1/3%, chec	•					▶□		
20	Private foundation. If the organizatio			•		-	<b>▶</b> □		
	3 12-04-12					edule A (Form 990	or 990-FZ\ 2012		

232023 12-04-12

#### AS AMENDED

## **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 Open to Public Inspection

Nam	e of the organization GOODWILL INDUSTRIES OF LA	INE AND	Employer identification number
	SOUTH COAST COUNTIES	15 1 0H 0'- 'I 5 1	93-0572370
Pa			Counts. Complete if the
	organization answered "Yes" to Form 990, Part IV,		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		_ <del></del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	in writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization	i's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and dono	r advisors in writing that grant funds can be used o	nly
	for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose conferr	ing
	impermissible private benefit?		Yes No
Pai	t 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	ation (check all that apply)	
	Preservation of land for public use (e.g , recreation o	or education) Preservation of an historical	ly important land area
	Protection of natural habitat	Preservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a co-	nservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a1
b	Total acreage restricted by conservation easements		<b>2b</b> 0.29
c	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d 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 organi	zation during the tax
	year >		
4	Number of states where property subject to conservation e	easement is located   1	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	s it holds?	Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting	ig, and enforcing conservation easements during th	e year   5
7	Amount of expenses incurred in monitoring, inspecting, an	nd enforcing conservation easements during the yea	ar ▶ \$
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)(B)	0
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and expense statem	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organic	zation's financial statements that describes the org	anization's accounting for
	conservation easements	64	
Pai	t III Organizations Maintaining Collections		imilar Assets.
	Complete if the organization answered "Yes" to For		
1a	If the organization elected, as permitted under SFAS 116 (a		
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherance of p	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that des		
b	If the organization elected, as permitted under SFAS 116 (	•	
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public sen	vice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
	(iii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical t		provide
	the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
ь	Accets included in Form 990, Part V		•

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Schedule D (Form 990) 2012

	GOODWILL IN	NDUSTRIES OF LA	NE AND							
	dule D (Form 990) 2012 SOUTH COAST							93-05		Page 2
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	is, check	k any of the	following that	t are a si	gnificant u	se of its	collection	rtems
	(check all that apply)									
а	Public exhibition	ď	╛╚	Loan or exc	hange progra	ams				
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exer	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	stoncal trea:	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered '	"Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21			<u>-</u>					
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for	contribution	s or other ass	sets not	ıncluded		_	
	on Form 990, Part X?			-				<u></u>	_ Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo								_ Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Par	t V   Endowment Funds. Complete i	f the organization an				- 1				
	•	(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance		-		ļ				ļ	
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs		<u> </u>							
f	Administrative expenses									
g	End of year balance					i			L	
2	Provide the estimated percentage of the curre	ent year end balance		g, column (a)	)) held as					
а	Board designated or quasi-endowment		_%							
ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	ed for th	e organiza	ition	Г	
	by								1 3	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	-+
	If "Yes" to 3a(ii), are the related organizations								3b	
Do:	Describe in Part XIII the intended uses of the									<del></del>
Par	t VI Land, Buildings, and Equipm	· · · · · · · · · · · · · · · · · ·		<del></del>			<del></del>			
	Description of property	(a) Cost or o		1 1	or other		ccumulate	a	(d) Book	value
		basis (investr	nem()		(other)	aeı	preciation			121 405
	Land	<u> </u>		<del>                                     </del>	,131,485.		2 005	450		131,485.
	Buildings				,778,241.		3,885,4			892,791.
	Leasehold improvements				,360,231.		504,6	<del></del>		855,557.
	Equipment			3	,983,093.		1,999,5		<del></del>	983,589.
	Other			<u> </u>	738,335.	<del></del>	254,	/03.		483,572.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X. colun	nn (B), line 1	0(c).)				13,	346,994.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 SOUTH COAST COUN			93-0572370 Page <b>3</b>
Part VII Investments - Other Securities. Se			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests		<del> </del>	
(3) Other			
(A)	-		
(B)		<u> </u>	<del></del>
(C)		<del> </del>	
(D) (E)		+	
(F)	-		
(G)			· — ·
(H)			<del></del>
0			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			·
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(8)			
(9)			· · · · · · · · · · · · · · · · · · ·
(10)			· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	15	<u></u>	<del></del>
	Description	<del></del>	(b) Book value
(1)			()
(2)		··	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	e 15.)		<u>· ] </u>
Part X Other Liabilities. See Form 990, Part X,	line 25	#ND 4 4	······································
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)		<del></del>	
(3)			
(5)			
(7) (8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25)		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		ganization's financial statements that rer	ports the organization's
liability for uncertain tax positions under FIN 48 (ASC 7		-	

232053 12-10-12

Sche	dule D (Form 990) 2012 SOUTH COAST COUNTIES		93-05723	70 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	21,014,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a 13,443.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d 1,138,007.		
е	Add lines 2a through 2d		2e	1,151,450.
3	Subtract line 2e from line 1		3	19,863,278.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	19,863,278.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F	Return	
1	Total expenses and losses per audited financial statements		1	20,207,199.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
c	Other losses	2c		
ď	Other (Describe in Part XIII )	2d 1,140,239.		
e	Add lines 2a through 2d	<u> </u>	2e	1,140,239.
3	Subtract line 2e from line 1		3	19,066,960.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	19,066,960.
	t XIII Supplemental Information			
	olete 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
	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to			.,
	X, LINE 2: GOODWILL ADOPTED THE PROVISIONS OF FASB ACCOUNTING	-		
STAN	DARDS CODIFICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCO	UNTING		
		•		_
FOR	UNCERTAIN TAX POSITIONS ON JANUARY 1, 2009, WHICH HAD NO FINAN	CIAL		
			· · · · · · · · · · · · · · · · · · ·	
STAT	EMENT IMPACT TO GOODWILL. THEY RECOGNIZE THE TAX BENEFIT FROM			
				<del></del>
UNCE	RTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT TH	E TAX		
POSI	TIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES.	BASED		
		······································	·	
ON T	HE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASUR	ED BASED		
ON T	HE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF B	EING		
			Schedule D	(Form 990) 2012

Schedule D (Form 990) 2012 SOUTH COAST COUNTIES		93-0572370	Page 5
Schedule D (Form 990) 2012 SOUTH COAST COUNTIES  Part XIII   Supplemental Information (continued)			
REALIZED UPON ULTIMATE SETTLEMENT.			
		_	
	- AV		
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
COSM OF COORS COLD NEWMEN IN THE PETITON	646,795.		
COST OF GOODS SOLD, NETTED IN TAX RETURN	040,795.		
REVENUE FROM RELATED ENTITIES IN CONSOLIDATED FINANCIAL	·		
STATEMENT	19,783.		
	471 400		
RENTAL EXPENSES, NETTED IN TAX RETURN	471,429.		· · · · · · · · · · · · · · · · · · ·
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,138,007.		
		·-··	
PART XII, LINE 2D - OTHER ADJUSTMENTS:			<del></del>
COST OF GOODS SOLD, NETTED IN TAX RETURN	646,795.		
EXPENSE FROM RELATED ENTITIES IN CONSOLIDATED FINANCIAL			
EATEROS FROM ADEATED ENTITIES IN COMBOSTERIES FINANCIAL		<del></del>	
STATEMENTS	22,015.		
RENTAL EXPENSES, NETTED IN TAX RETURN	471,429.		
MODEL TO COURDING D. DEED WIT LINE OF	1 140 220	··-	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,140,239.		
			<del></del>
			<del></del>

Schedule D (Form 990) 2012

#### **SCHEDULE J** (Form 990)

# **Compensation Information**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

GOODWILL INDUSTRIES OF LANE AND

**Questions Regarding Compensation** 

Employer identification number Name of the organization 93-0572370 SOUTH COAST COUNTIES

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			·
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	_ :		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
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	х	
				_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			ļ
	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 X Written employment contract			٠
	Independent compensation consultant   X   Compensation survey or study	>		
	Form 990 of other organizations  X 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		r e	
	organization or a related organization		}	١.
а	Receive a severance payment or change-of-control payment?	4a		x
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations 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	<u> </u>		İ
	contingent on the revenues of			
а	The organization?	5a		х
b	Any related organization?	5b_		х
	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		_	
а	The organization?	6a		х
b	Any related organization?	6b		Х
	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		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2012

SOUTH COAST COUNTIES

Page 2

93-0572370

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2012

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation	7-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported as deferred in prior Form 990
(1) JAMES F. MARTIN	9	231,915.	25,521.	45,575.	14,623.	21,529.	339,163.	0
PRESIDENT & CEO	Ξ		0	0	0	0	0	0.
(2) KRISTY LANGWORTHY	Ξ	90,212.	13,686.	26,840.	5,340.	14,473.	150,55	0.
CFO	Ξ	.0	0	0.	0	0	0.	0
(3) JIM NELSON	Ξ	109,554.	12,663.	12,656.	0	17,959.	152,832.	0
DIRECTOR OF BUSINESS OPERATIONS	(ii)	0.	0.	.0	0.	0	0	0
	(1)							
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	Ξ							
	(E)							
	Ξ							
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232112							Schedu	Schedule J (Form 990) 2012

# AS AMENDED

GOODWILL INDUSTRIES OF LANE AND

Page 3 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 93-0572370 SOUTH COAST COUNTIES Part III Supplemental Information Schedule J (Form 990) 2012

Schedule J (Form 990) 2012	

# SCHEDULE M (Form 990)

## **Noncash Contributions**

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

| 2

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GOODWILL INDUSTRIES OF LANE AND

Name of the organization GOODWILL INDUSTRIES OF LANE AND SOUTH COAST COUNTIES

Employer identification number 93-0572370

Pai	t I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash contri		Method of de		_	
		applicable	contributions or	amounts repor Form 990, Part VI		noncash contribi	ution ai	mount	s
	A.A. Maraka ad a.A.		items contributed	Form 550, Fart Vi	a, me ig				
1	Art - Works of art		<del></del>	<del></del>				<del></del>	
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications		<del> </del>	4.06		DATE WARREN WALL			
5	Clothing and household goods	Х		4,00.	2,660.	FAIR MARKET VALU	- E		
6	Cars and other vehicles								
7	Boats and planes							<del></del>	
8	Intellectual property		ļ						
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	7 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				<del></del>				
26	Other								
27	Other ( )								
28	Other ( )		<del></del>						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82				29				
	10/ Willow the organization completes i cim se	50,, u.,,,		,0	_ <del></del> _			Yes	No
30-2	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I line	s 1.28 tha	t it must hold for		7.00	
Jua	at least three years from the date of the initial of								
	the entire holding period?	, or remodellors,	and willon is not i	equired to be used	i ioi exciii	pt purposes for	30a		x
_	If "Yes." describe the arrangement in Part II								
_	,	and any that re	acuros the recessor	of any non etandar	d contribu	tions?	24	x	İ
31	Does the organization have a gift acceptance p	-				uona.	31	┌╌┤	
32a	Does the organization hire or use third parties	or related of	gariizations to soli	Lit, process, or sell	HOHCASA		20-	x	
	contributions?		-				32a	<del>                                     </del>	<del> </del>
	If "Yes," describe in Part II				- (-\ :!				
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which colum	ri (a) is che	зскеа,			
	describe in Part II							LJ	L

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) SOUTH COAST COUNTIES	93-0572370	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, the organization is reporting in Part I, column (b), the number of contributions, the number of items reporting in Part I also complete this part for any additional information	lines 30b, 32b, and 33, a eceived, or a combination	nd whether of both
		<del> </del>
SCHEDULE M, LINE 32B: ALL VEHICLE DONATIONS ARE VALUED BY THE		
ORGANIZATION - DONATE TO CHARITY.		
		<del></del>
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	<del> </del>	
	<del></del>	
		-
		-
		<u> </u>
		<del></del>
232142 12-20-12	Schedule M (Forn	n 990) (2012)
		, \

## **SCHEDULE 0**

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

OMB No 1545-0047 Open to Public

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service GOODWILL INDUSTRIES OF LANE AND Employer identification number Name of the organization SOUTH COAST COUNTIES 93-0572370 FORM 990 PART I LINE 1 DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE VOCATIONAL OPPORTUNITIES TO INDIVIDUALS WITH BARRIERS TO EMPLOYMENT. IN 2012, GOODWILL INDUSTRIES OF LANE AND COAST COUNTIES PROVIDED SERVICES TO 4,629 INDIVIDUALS. SERVICES PROVIDED INCLUDE SUPPORTED EMPLOYMENT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES; SHORT-TERM WORK EXPERIENCE FOR INDIVIDUALS RECEIVING PUBLIC ASSISTANCE; JOB DEVELOPMENT FOR INDIVIDUALS WITH MENTAL ILLNESS AND PHYSICAL DISABILITIES; AND JOB SEARCH ASSISTANCE WHICH IS AVAILABLE TO THE GENERAL PUBLIC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE VOCATIONAL OPPORTUNITIES TO INDIVIDUALS WITH BARRIERS TO EMPLOYMENT. IN 2012, GOODWILL INDUSTRIES OF LANE AND SOUTH COAST COUNTIES PROVIDED SERVICES TO 4,629 INDIVIDUALS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES WORK EXPERIENCE - PROVIDES RECIPIENTS OF PUBLIC ASSISTANCE WITH WORK THIS PROGRAM PREPARES THEM FOR ENTRY INTO THE COMPETITIVE LABOR MARKET. SERVICES INCLUDE JOB COACHING, MENTORING AND BUILDING OF SKILLS NECESSARY IN PRIVATE EMPLOYMENT, **EXPENSES \$ 87,910.** INCLUDING GRANTS OF \$ 0. **REVENUE \$ 97,438.** JOB PLACEMENT SERVICES - ASSISTS INDIVIDUALS WITH DISABILITIES AND

OTHER BARRIERS TO EMPLOYMENT TO IDENTIFY VOCATIONAL INTERESTS. RESEARCH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

#### AS AMENDED

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization GOODWILL INDUSTRIES OF LANE AND	Employer identification number
SOUTH COAST COUNTIES	93-0572370
JOB OPPORTUNITIES AND OBTAIN COMPETITIVE EMPLOYMENT.	
EXPENSES \$ 137,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 251,658.	
EXPENSES \$ 157,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 251,050.	
FORM 990, PART VI, SECTION B, LINE 11: GOODWILL INDUSTRIES AUDIT FIRM	
ASSISTS IN THE PREPARATION OF THE FEDERAL FORM 990. THE 990 IS REVIEWED BY	
THE DIRECTOR OF FINANCE AND THE BOARD OF DIRECTORS PRIOR TO FILING.	
THE DIRECTOR OF FINANCE AND THE BOARD OF DIRECTORS FROM TO TIBING.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ANNUALLY	
COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE.	
FORM 990, PART VI, SECTION B, LINE 15: PRESIDENT OF GOODWILL INDUSTRIES OF	
LANE AND SOUTH COAST COUNTIES COMPENSATION ARRANGEMENT IS EVALUATED AND	
TARREST THE ANNIANCE DIVINION DOLLD OF REPRESENDED OF GOODWILL INDUCATION OF	
APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS OF GOODWILL INDUSTRIES OF	
LANE AND SOUTH COAST COUNTIES. THE BOARD OF DIRECTORS IS COMPOSED ENTIRELY	
OF INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE	
COMPENSATION ARRANGEMENT. THE BOARD OF DIRECTORS OBTAINS AND RELIES UPON	
APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION PRIOR TO MAKING ITS	
ALTROPRIATE DATA NO TO COMPARED TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	
DETERMINATION. THE BOARD OF DIRECTORS ADEQUATELY DOCUMENTS THE BASIS FOR	
THEIR DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION.	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST POLICY ARE NOT NORMALLY AVAILABLE TO THE GENERAL	
PUBLIC. THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE OREGON	
DEPARTMENT OF JUSTICE AND AS SUCH IS A PUBLIC DOCUMENT.	
DEFECTION OF COURSE AND NO COURSE DOCUMENT.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ELIMINATING ENTRY FOR GOODWILL WORKS -2,604.	

## AS AMENDED

Schedule O (Form 990 or 990-E	Z) (2012)	Page 2
	DDWILL INDUSTRIES OF LANE AND	Employer identification number
	UTH COAST COUNTIES	93-0572370
FORM 990		
AMENDED RETURN CHANGES		
THE FOLLOWING LINE ITEM	S HAVE CHANGED TO INCLUDE RENTAL UBTI AND	
CHANGES NO DENMAI EVEN	CRC	
CHANGES TO RENTAL EXPEN	>65,	
PART I LINES 7A, 7B, 11	, 12, 17, AND 18.	
	<del></del>	
PART V BOXES 3A AND 3B.		
PART VIII LINES 6A, 6B,	6C, AND 12.	
PART IX LINES 24 AND 25	•	
DADE VI IING 1 AND 2		
PART XI LINES 1 AND 2.		
SCHEDULE A PART III LIN	ES 10A, 10C, 13, 15, AND 17.	
SCHEDULE D PART XI LINE	S 1 AND 2.	
SCHEDULE D PART XII AND	PART XIII LINES 2D, 3 AND 5.	
		, <u>, , , , , , , , , , , , , , , , , , </u>

232212 01-04-13

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

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.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number

93-0572370

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

SOUTH COAST COUNTIES

(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 (Comporganizations during the tax year.)	itions (Complete if the organization a	lete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or	nore related tax-exem	ta.	
(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	(f) Direct controlling entity	(5) 15 July 19 19 19 19 19 19 19 19 19 19 19 19 19	(b)(13) led
GOODWILL WORKS, INC 59-3763660 1010 GREEN ACRES ROAD EUGENE OR 97408	PROGRAM SUPPORT	DREGON	501(0)(3)	10 (c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(		Yes	<u>و</u> ,
				_i			
				:			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2012	orm 990)	2012

232161 12-10-12 LHA

Page 2

93-0572370

SOUTH COAST COUNTIES Schedule R (Form 990) 2012

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)

,											
	(1)	Section 512(b)(13) controlled entity?	Yes No	L	 					L	
	- {	512( conf	Yes								
	æ	Percentage ownership									
		Share of end-of-year	<b>4559915</b>								
		Share of total income									
	(e)	Type of entity (C corp, S corp,	(leni)								
	( <del>a</del> )	Legal domicile Direct controlling Type (C c foreign									
	(၁)	Legal domicile (state or foreign	country)								
/ / a 6	(p)	Primary activity									
	(e)	Name, address, and EIN of related organization									

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Schedule R (Form 990) 2012

SOUTH COAST COUNTIES Schedule R (Form 990) 2012

Page 3

93-0572370

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	<b>№</b>
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	actions with one or more re	elated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	x	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				19		X
				9		×
f Dividends from related organization(s)				1€		×
g Sale of assets to related organization(s)				1g		Х
				ŧ		×
i Exchange of assets with related organization(s)				1		×
J Lease of facilities, equipment, or other assets to related organization(s)				ij		×
K Lease of facilities, equipment, or other assets from related organization(s)				¥		۲
I Performance of services or membership or fundraising solicitations for related organization(s)	d organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	d organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related orc	related organization(s)			1n	×	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	
p Reimbursement paid to related organization(s) for expenses				2		×
				-		×
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information	in on who must complete th	is line, including covered r	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	olved		
	(c p) odk					
(1)						
(6)						
(4)						
(5)						
(9)						•
232163 12-10-12	C		Schedule R (Form 990) 2012	4 (Form	(066	2012

SOUTH COAST COUNTIES Schedule R (Form 990) 2012

93-0572370

Page 4

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

mat was not a related organization over instructions regarding excusion	nince following for the control of t	מוסו וסו כפו נשונו ווואב	1						
(a)	( <b>Q</b> )	(၁)	(d) (e)			Ē	€	8	¥
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income pariners sec (related, unrelated, 501(c)(3) excluded from tax		- F	Dispropor- tionate allocations?	Ospropor- Lonate amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		-	under section 512-514) Yes No	ADDOLL OF	assers	Yes	(Form 1065)	Yes	
								1	
								_	
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Schedule R (Form 990) 2012

Schedule F	R (Form 990) 2012	SOUTH COAST COUNTIES	93-0572370	Page 5
Part VII	(Form 990) 2012 Supplemental Inf	ormation		
	Complete this part to r	provide additional information for responses to questions on Schedul	e R (see instructions)	
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232165 12-10-12