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DLN: 93493310020514

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	2013 ca	endar vear, or tax vear beginning	g 01-01-2013 , 2013, and ending 12	2-31-2013			
		pplicable	C Name of organization			D Emplo	yer ident	ification number
☐ Add			GOODWILL INDUSTRIES OF NORTHW NORTH CAROLINA INC	VEST		F6 0F	88474	
		-	Doing Business As			56-03	004/4	
Initi		_						
_			Number and street (or P O box if m PO BOX 4299	all is not delivered to street address) Room	/suite	E Telepho	ne numbe	er
☐ Ten				TID or 6 more and a local		(336)	724-36	21
_	ended r		City or town, state or province, cour WINSTONSALEM, NC 27115	ntry, and ZIP or foreign postal code				
J App	lication	pending				<b>G</b> Gross re	eceipts \$ 8	80,303,138
			<b>F</b> Name and address of prin	ıcıpal officer	H(a)	Is this a group	return f	or
			PO BOX 4299			subordinates?		Γ Yes <b>Γ</b> No
			WINSTONSALEM, NC 2711	15	H(b)	Are all subordi	nates	┌ Yes ┌ No
		nt status			$\dashv$	included?	- l t. /.	· · · · · · · · · · · · · · · · ·
		ıpt status		nsert no )		IT No, attach	a list (s	see instructions)
J W	ebsite	: <b>:►</b> WV	WW GOODWILLNWNC ORG		H(c)	Group exempt	ion num	ber 🟲
K Form	n of org	ganızatıor	Corporation Trust Associatio	Other ►	<b>L</b> Ye	ar of formation 19	26 <b>M</b> S	tate of legal domicile NC
Pai	rt I	Sun	ımary		•		•	
	<b>1</b> E	Briefly d	escribe the organization's missic	n or most significant activities				
	<u> </u>	HELPIN	G THE DISABLED AND OTHERS	S OVERCOME BARRIERS TO EMPL	OYMENT	AND ACHIEVE	INDEP	ENDENCE
ဗ	-							
<u>ē</u> ∣	-							
=	2	^heck t	his hov 🖳 if the organization dis	scontinued its operations or dispose	d of more	than 25% of its	net acc	<u> </u>
Governance	_ `	oneek e	ms box F   If the organization als	scontinued its operations of dispose	d of more	chan 25 % of its	nec ass	
	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	19
Activities &	<b>4</b> N	Number	of independent voting members of	of the governing body (Part VI, line 1	lb)		4	14
Ĭ.	<b>5</b> T	Γotal nu	mber of individuals employed in a	calendar year 2013 (Part V, line 2a)			5	1,917
ا <u>ار</u>	<b>6</b> T	Fotal nu	mber of volunteers (estimate if n	ecessary)			6	300
`	<b>7</b> a ⊺	Γotal un	related business revenue from P	art VIII, column (C), line 12			7a	23,940
	Ь١	Net unre	elated business taxable income fi	rom Form 990-T, line 34			7b	20,646
						Prior Year		Current Year
	8	Contr	ibutions and grants (Part VIII, lii	ne 1 h)		13,334,2	201	15,663,536
Revenue	9	Progra	am service revenue (Part VIII, li	8,466,4	154	9,714,274		
ie.	10	Inves	tment income (Part VIII, column		21,6	511	-55,422	
Æ	11	Other	revenue (Part VIII, column (A),	38,044,5	541	38,913,347		
	12			(must equal Part VIII, column (A ),	line	50.066		64 335 735
						59,866,8		64,235,735
	13		, ,	IX, column (A), lines 1-3)		6,119,8		8,108,320
	14			X, column (A), line 4)	-		0	0
82	15	Saları 5-10		ee benefits (Part IX, column (A), line	S	33,332,4	118	36,892,523
Expenses	16a		•	column (A), line 11e)			0	0
£ 6	b		undraising expenses (Part IX, column (D)					
ш	17			ines 11a-11d, 11f-24e)	- <u> </u>	14,150,9	903	16,122,106
	18			st equal Part IX, column (A), line 25		53,603,1		61,122,949
	19			18 from line 12		6,263,6	—- <del> </del>	3,112,786
<u>&gt; ω</u>			- principle - and a second			ginning of Curre	<del></del>	
Net Assets or Fund Balances						Year		End of Year
Bake Bake	20	Total	assets (Part X, line 16)			92,036,5	93	95,683,112
4 E	21	Total	liabilities (Part X, line 26)		·	7,425,1	. 2 5	7,958,858
zű	22			line 21 from line 20		84,611,4	168	87,724,254
Par	t II	Sigr	nature Block					
my kr	owled	lge and	belief, it is true, correct, and com	amined this return, including accomp aplete Declaration of preparer (othe				
prepa	rer ha	is any k	nowledge					
		***	***			2014-11-03		
Sign			ature of officer			2014-11-03 Date		
Here		, ART	HUR A GIBEL PRESIDENT					
			e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid	i	- ⊢	DAVID VOGLER	MANUER		self-employed	P001877	
Pre			Firm's name F DIXON HUGHES GOODI	MAIN LLP		Firm's EIN 🟲 56	p-u/4/981	L
Use	•		Firm's address 🕨 ONE WEST FOURTH ST	REET SUITE 700		Phone no (336	714-810	00
		-						

WINSTONSALEM, NC 27101

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	990 (2013)					Page
Par		nt of Program Serv chedule O contains a res			III	
1	Briefly describe t	he organization's missio	n			
		PERSONS WITH DISABI CHIEVE INDEPENDENC		THER SPECIAL NEED	DS WHO WISH TO OVERCOMI	E BARRIERS TO
2	the prior Form 99				r which were not listed on	┌ Yes ┌ No
3	Did the organizati	on cease conducting, or	make sıgnıfıcar	<del>-</del>		┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	dule O			
4	expenses Section		4) organization:	s are required to repor	ree largest program services, a t the amount of grants and alloo	
4a	(Code WORKFORCE DEVEL	) (Expenses \$ OPMENT - SEE SCHEDULE O	16,295,862	including grants of \$	8,108,320 ) (Revenue \$	3,671,425)
4b	(Code RETAIL OPERATIONS	) (Expenses \$	32,150,177	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	5,867,868	ıncludıng grants of \$	) (Revenue \$	6,042,849 )
	CONTRACT OPERAT	IONS - SEE SCHEDULE O				
	Other program s	ervices (Describe in Sch	edule O )			
	(Expenses \$	•	luding grants o	f \$	) (Revenue \$	)
4e	Total program se	ervice expenses 🕨	54,313,907			

Part IV	Checklist of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $0.00000000000000000000000000000000000$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Раг				_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   163		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d	<u> </u>		140
•	74 Test, indicate the number of forms of 202 med during the year 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•		-		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	]		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		_

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

Check if Schedule O contains a response or note to any line in this Part	Ι														.IV
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	ection c. disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			

- Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CURTIS BLAND 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 (336)724-3625

Form 990	(2013)	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Average ours per eek (list person is both an officer and a director/trustee)						(E Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												_		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total							<b>•</b>						
c d	Total from continuation sheet Total (add lines 1b and 1c).	s to Part VII, S 	ection A	<b>A</b> .	•	•	•	<b>*</b>		1,356,046		0		223,105
2	Total number of individuals (in		Iımıted	to the	ose l	Iıste	d abov	e) w	ho receive			1		
	\$100,000 of reportable compe	ensation from th	ie organ	ızatıd	on <b>⊫</b> 8	3								
											[		Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo • •	yee, •	or highes .	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual												V	
5	Did any person listed on line 1	a receive or acc	crue coi	npen	• satı	• on fr	om an	• y unr	related org	anızatıon	or individual for	4	Yes	
	services rendered to the organ	nization? <i>If "Yes</i>	," compi	ete S	ched	ule J	forsu	ch pe	erson .		[	5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	/e highest comp											tay year	
		(A) lame and business		acion	101	ciie c	arena	ar ye	ar ending		(B)		(C	)
	ER ROBBS CALLAHAN & PIERCE ARCHT	TECT 305 W 4TH S		NSALE	M NO	C 271	01			ARCHITEC <sup>*</sup>	Cription of services  T SERVICES		Comper	283,641
	CLEANING INC PO BOX 2430 THOMASV BLE CARLYLE SANDRIDGE & RICE PLLC		ΓΟNSALEN	1 NC 2	7101					FLOOR CAF LEGAL SER		_		146,173 121,664
												7		
	Total number of independent co \$100,000 of compensation fron			not	lımıt	ed t	o thos	e list	ted above)	who rece	ived more than			

Part V	/III	Statement of Check of Sched		spor	nse or note to any lin	e in this Part VIII
		CHECK II JUNE	are o contains a re	<u>3 poi</u>	ise of note to any in	(A) Total revenue
	1a	Federated cam	nolana	1a	13,960	
ats T						
Grants mounts	b	Membership du		1b		
S, G	С	Fundraising ev		1c		
Giff ilar	d	Related organi	zations	1d	1,285,000	
ons, Sim	е	Government grant	s (contributions)	1e		
er S	f	All other contributi similar amounts n				
ributi Other	g	Noncash contribut				
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ <b>Total.</b> Add line	15,663,536			
<u> </u>	-"				Business Code	
E E	2a	WORKFORCE DEV	/CONTRACT		561300	9,714,274
Program Serwde Revenue	ь		<u> </u>	-		-,,
о. П	С			-		
Ē.	d			<u>-</u>		
<u>အ</u>	е			-		
∑ 	f	All other progra	am service revenue	<u>:</u>		
š	g	<b>Total.</b> Add line	s 2a-2f			9,714,274
	3		ome (including div	ıden	ds, interest,	8,852
	4	and other simil  Income from inves	ar amounts) stment of tax-exempt l	• oond	proceeds	
	5	Royalties .			` ` ▶	
			(ı) Real		(II) Personal	
	6a	Gross rents	12,350			
	b	Less rental expenses		)		
	С	Rental income or (loss)	12,350	)		
	d	Net rental inco	me or (loss)	•	· · · • •	12,350
	7a	Gross amount	(ı) Securities		(II) O ther	
	'-	from sales of assets other			23,000	
	Ь	than inventory Less cost or				
		other basis and sales expenses			87,274	
	С	Gain or (loss)			-64,274	
	d	Net gain or (los	•			-64,274
Other Revenue	oa	Ψ	luding 5,194 s reported on line 1	c) <b>a</b>	25,414	
her	ь	Less direct ex	penses	ь	25,414	
δ	С	Net income or	(loss) from fundrais	ing	events 🛌	0
	9a	Gross income t See Part IV, lii	from gaming activit ne 19	ies <b>a</b>		
	b c	Less direct ex Net income or	penses (loss) from gaming	<b>b</b> acti	vities	
	10a	Gross sales of returns and all		а	54,831,772	
	ь	Less cost of g	oods sold	b	15,954,715	
	С		(loss) from sales of	inv	entory 🛌	38,877,057
	11-	Miscellaneou			Business Code 812930	23,940
	11a b	PARKING FEE	5	-	012930	23,340
	C	-		-		
	d	All other reven	ue	•		
	е	Total. Add line			🕨	22.040
	12	Total revenue.	See Instructions		🔎	23,940
					-	64,235,735

e in this Part VIII		<u> </u>	<u> </u>
<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections
			512-514
15,663,536			
9,714,274	9,714,274		
9,714,274			
8,852			8,852
12,350			12,350
-64,274			-64,274
0			
38,877,057 23,940		23,940	38,877,057
25,510		25,510	
23,940			_
64,235,735	9,714,274	23,940	38,833,985 Form <b>990</b> (2013

					Page 10
	Statement of Functional Expenses	other area	one much	lata column (A)	
sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
<u> </u>	Check if Schedule O contains a response or note to any line in this		(B)	(c)	<u>l</u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,014,139	8,014,139		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	94,181	94,181		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	3,1,202	31,101		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,431,455	467,049	964,406	
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	27,341,306	24,904,610	2,327,001	109,695
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,749,772	1,529,408	206,833	13,531
9	Other employee benefits	4,268,607	4,010,892	242,064	15,651
10	Payroll taxes	2,101,383	1,860,738	227,343	13,302
11	Fees for services (non-employees)				
а	Management				
b	Legal	133,010		133,010	
c	Accounting	211,069		211,069	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,014,318	1,682,278	332,040	
12	Advertising and promotion	229,669	12,608	,	217,061
13	Office expenses	1,540,555	1,348,366	192,189	<u> </u>
14	Information technology	, ,		,	
15	Royalties				
16	Occupancy	3,126,527	3,057,762	68,765	-
17	Travel	, ,		,	_
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	130,652	97,435	33,217	
20	Interest				
21	Payments to affiliates	162,024		162,024	
22	Depreciation, depletion, and amortization	4,157,238	3,847,971	309,267	
23	Insurance	195,133	186,740	8,393	
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)				
а	UNRELATED BUSINESS TAX	5,100		5,100	
b	TRANSPORTATION	1,018,864	902,985	115,879	
c	TRASH REMOVAL	808,267	807,939	328	
d	EQUIPMENT RENTAL/MAINT	777,908	669,280	108,628	
е	All other expenses	1,611,772	819,526	792,246	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	61,122,949	54,313,907	6,439,802	369,240
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck in Schedule S contains a response of note to any line in this farex. I. I.	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	42,750	-	43,850
	2	Savings and temporary cash investments	10,952,115	2	12,391,308
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,464,584	4	1,522,967
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
š	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	
9				6	
Assets	7	Notes and loans receivable, net		7	
-	8	Inventories for sale or use	1,680,184		2,092,917
	9	Prepaid expenses and deferred charges	431,178	9	616,631
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  104,913,381			
	Ь	Less accumulated depreciation	77,465,782	10c	79,015,439
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	92,036,593	16	95,683,112
	17	Accounts payable and accrued expenses	6,000,596	17	6,606,327
	18	Grants payable		18	
	19	Deferred revenue	647,504	19	646,842
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	_
	24	Unsecured notes and loans payable to unrelated third parties		24	_
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	777,025	25	705,689
	26	Total liabilities. Add lines 17 through 25	7,425,125	26	7,958,858
√n do		Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete			
ž	27	lines 27 through 29, and lines 33 and 34.Unrestricted net assets	84,591,468	27	87,704,254
Fund Balance	28		04,331,400	28	01,104,204
<u> </u>	29	Temporarily restricted net assets	20,000	29	20,000
Ĕ	29	·	20,000	29	20,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
455	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	84,611,468	33	87,724,254
Ż	34	Total liabilities and net assets/fund balances	92,036,593	34	95,683,112
					,,

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		64,2	235,735
2	Total expenses (must equal Part IX, column (A), line 25)	2		61,1	122,949
3	Revenue less expenses Subtract line 2 from line 1	3		3,1	12,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,6	511,468
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		87,7	724,254
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	ıt of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493310020514

**SCHEDULE A** 

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection** 

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST
NORTH CAROLINA INC

**Employer identification number** 

									56-0588	4/4			
Par	tΙ	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıor	ns must com	plete this	part.) See	instructions	5.		
The o	rganı:	zatıon ıs	not a privat	te foundation becaus	eitis (For	lines 1 thro	ough 11, chec	k only one	box )				
1	$\Box$	A chur	ch, conventi	on of churches, or a	ssociation o	fchurches	described in s	section 170	(b)(1)(A)(i).				
2	$\sqcap$	A scho	ol described	in <b>section 170(b)(1</b>	L)(A)(ii). (A	ttach Sche	dule E )						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A							1)(A)(iii).					
4	$\sqcap$	A medi	cal researcl	h organization operat	ted ın conjur	nction with	a hospital des	scribed in <b>s</b>	ection 170(b)	(1)(A)(iii).	Enter the		
				ty, and state									
5	Γ	_		erated for the benefi	_	e or univers	sity owned or	operated by	y a governmei	ntal unit des	cribed in		
		section 170(b)(1)(A)(iv). (Complete Part II )											
6	Г	A feder	al, state, or	local government or	governmen	tal unit des	cribed in <b>sect</b>	tion 170(b)	(1)(A)(v).				
7	굣	_		at normally receives			s support fron	n a governn	nental unıt or	from the ger	eral public		
8	Г			on 170(b)(1)(A)(vi). : described in <b>sectior</b>		•	omplete Part I	ΙΙ)					
9	$\Gamma$	An orga	anization tha	at normally receives	(1) more th	nan 331/3%	of its support	t from conti	ributions, mer	nbership fee	s, and gross		
		receipt	s from activ	ities related to its ex	xempt functi	ons—subje	ct to certain e	exceptions	, and (2) no m	ore than 33:	./3% of		
		ıts sup	port from gr	oss investment inco	me and unre	lated busir	ness taxable ı	ncome (les	s section 511	. tax) from b	usinesses		
		acquire	ed by the org	ganızatıon after June	30,1975 9	See <b>section</b>	509(a)(2).	Complete P	art III )				
10	$\sqcap$	An orga	anızatıon org	ganized and operated	dexclusively	y to test fo	r public safety	See <b>secti</b>	on 509(a)(4).				
11	$\Gamma$	An orga	anızatıon org	ganized and operated	dexclusively	y for the be	nefit of, to pei	rform the fu	nctions of, or	to carry out	the purposes of		
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check											
				bes the type of supp							- 11		
	_			<b>b</b> Type II <b>c</b>									
е	1	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		section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,											
			check this box										
g			Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
			-		ontrols, eith	ner alone o	r toaether with	n persons d	escribed in (i	1)	Yes No		
			(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)  and (iii) below, the governing body of the supported organization?  11g(i)										
		•		er of a person descri		-					ı(ii)		
			•	lled entity of a perso			) above?				(iii)		
h				ng information about									
				J	• •	J	. ,						
(i	) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is	the	(vii) A mount of		
	uppor			organization	organizat		the organ		organiza		monetary		
or	ganiza	ation		(described on	col (i) lıs		ın col (i)		col (i) or		support		
				lines 1-9 above or IRC section	your gove docume	_	suppo	rt <sup>7</sup>	ın the l	J S ?			
				(see	docume	entr							
				instructions))	V	T	<del> </del>	Τ.,	<del>                                     </del>	T	$\overline{}$		
					Yes	No	Yes	No	Yes	No			
						1			_				
								1		1	1		

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 9,336,156 11,296,754 12,318,148 13,334,201 15,663,536 61,948,795 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9,336,156 11,296,754 12,318,148 13,334,201 15,663,536 61,948,795 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 3,176,327 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 58,772,468 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 **(e)** 2013 (d) 2012 (f) Total beginning in) 🟲 12,318,148 13,334,201 15,663,536 Amounts from line 4 9,336,156 11,296,754 61,948,795 Gross income from interest, dividends, payments received on 45,088 392,202 securities loans, rents, royalties 183,366 108,279 34,267 21,202 and income from similar sources Net income from unrelated business activities, whether or 17,752 17,311 21,397 14,525 21,646 92,631 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 62,433,628 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 94 140 % Public support percentage for 2012 Schedule A, Part II, line 14 15 94 250 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ►□ box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
Retu	ırn Reference	Explanation					
		Schodulo A / Form 0	000 er 000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493310020514

## OMB No 1545-0047

Open to Public

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

• 9	Section 501(c)(3) organizations the	hat have filed Form 5768 (election und hat have NOT filed Form 5768 (electior s'' to Form 990, Part IV, Line 5 (Pro	under section 50	) 01(h)) Complete Part II-B Di	o not complete Part II-A
	Section 501(c)(4), (5), or (6) orga	·	7xy (ax) 01 (01)	1 990-LZ, Fait V, IIIIe 550	(FTOXY TAX), tileli
Na	me of the organization	1		Employer iden	tification number
	ODWILL INDUSTRIES OF NORTHWEST RTH CAROLINA INC			56-0588474	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.
1	Provide a description of the or	ganization's direct and indirect politic	cal campaign act	ivities in Part IV	
2	Political expenditures	gaa	- a	<b></b>	¢
3	Volunteer hours			•	Ψ
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			⊤ Yes
5	organization made payments f amount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	m the filing organization's to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Sch	hedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
P	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		List in Dank IV as			a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		list in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		ol" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l.)		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
		1.6				
_	Grassroots nontaxable amount (enter 25% of lir	•				
	Subtract line 1g from line 1a If zero or less, ent			_		1
	Subtract line 1f from line 1c If zero or less, ente			L		1
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	have to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

	hedule C (Form 990 or 990-EZ) 2013					P	age <b>3</b>
Ра	art II-B Complete if the organization is exempt under filed Form 5768 (election under section 501(h		ТОИ				
For e	r each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed	d description of the lobbying	(;	a)		(b)	
	tivity.		Yes	No	A	moun	it
1	During the year, did the filing organization attempt to influence foreign legislation, including any attempt to influence public opinion on a legis through the use of						
а				No			
ь	<b>b</b> Paid staff or management (include compensation in expenses reported	on lines 1c through 1i)?	Yes		1		
c	c Media advertisements?			No			
d	<b>d</b> Mailings to members, legislators, or the public?			No			
е	e Publications, or published or broadcast statements?			Νo			
f	<b>f</b> Grants to other organizations for lobbying purposes?			No			
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a l	egislative body?	Yes				1,296
h	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, o	r any sımılar means?		No			
i	i Other activities?			No			
j	j Total Add lines 1c through 1ı						1,296
2a	Did the activities in line 1 cause the organization to be not described in	n section 501(c)(3)?		No			
b	<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912						
c	$oldsymbol{c}$ If "Yes," enter the amount of any tax incurred by organization manage	rs under section 4912					
d	$oldsymbol{d}$ If the filing organization incurred a section 4912 tax, did it file Form 4	720 for this year?					
Pai	art III-A Complete if the organization is exempt under 501(c)(6).	section 501(c)(4), section 5	501(c	)(5), (	or se	ctio	n
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by	members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,0	000 or less?			2		
3	Did the organization agree to carry over lobbying and political expendi	tures from the prior year?			3		
Pai	art III-B Complete if the organization is exempt under 501(c)(6) and if either (a) BOTH Part III-A, lin line 3, is answered "Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do expenses for which the section 527(f) tax was paid).	not include amounts of political					
а	•		2a				
b	,		2b				
С			2c				
3			3				
4	If notices were sent and the amount on line 2c exceeds the amount on does the organization agree to carryover to the reasonable estimate o political expenditure next year?		4				
5	•	us)	5				
	Part IV Supplemental Information						
Pro	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part Part II-B, line 1 Also, complete this part for any additional information	I-C, line 5, Part II-A (affiliated grou	ıp lıst),	Part II	-A, III	ne 2,	and
	Return Reference Explanat	ion					
PAR	ART II-B, LINE 1  AN OFFICER OF THE ORGANIZAT: CONFERENCE CALLS WITH STATE SPECIAL FUNDING IN NORTH CAR TO RETURN TO SCHOOL AND ACH SIMULTANEOUSLY RECEIVING TR EMPLOYMENT	LEGISLATORS TO DISCUSS A BI ROLINA TO CREATE UNIQUE OPF HEIVE THEIR HIGH SCHOOL DIPC	ILL TH PORTU DLOM <i>E</i>	AT WO NITIES WHIL	ULD F S FOR E	ROV ADU	

201104410 0 (101111 330 01 330 12) 2013	r age <del>-r</del>		
Part IV Supplemental Information	on <i>(continued)</i>		
Return Reference	Explanation		
l			

Schedule D (Form 990) 2013

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DLN: 93493310020514

OMB No 1545-0047

### **SCHEDULE D**

(Form 990)

Department of the Treasury

# **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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

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tema	i Revenue Service	ions is at www.irs.gov/rormsso.		Inspection
GO	me of the organization DDWILL INDUSTRIES OF NORTHWEST RTH CAROLINA INC			loyer identification number
	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar		0588474 <b>or Accounts</b> , Complete if the
	organization answered "Yes" to Form 990		unas	or Accounts, complete it the
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
;	Aggregate grants from (during year)			
	Aggregate value at end of year			
;	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<u> </u>	onor advi	sed Yes No
,	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benefit			r purpose
	conferring impermissible private benefit?	. I		
	rt II Conservation Easements. Complete if		to Forn	1 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation		an histor	cally important land area
	Protection of natural habitat	·		d historic structure
	Preservation of open space			
	Complete lines 2a through 2d if the organization held a	a qualified conservation contribution in	the form	of a conservation
	easement on the last day of the tax year	a qualified conservation contribution if	i the loth	Tota conservation
				Held at the End of the Year
a	Total number of conservation easements		2a	
)	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
t	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferi	red, released, extinguished, or termina	ted by th	e organization during
	the tax year ►	, , , ,	•	, and a second s
	Number of states where property subject to conservat	ıon easement ıs located ▶		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	uring the year
	^			
	Amount of expenses incurred in monitoring, inspecting  \$ \blacktriangleright \text{!} !	g, and enforcing conservation easemer	its auring	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports co			nse statement, and
	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easements		ai stater	nents that describes
ar	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures	, or Otl	ner Similar Assets.
a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its rev	n, or rese	arch ın furtherance of publıc
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue ets held for public exhibition, education	e statem	ent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
a	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
	in a contract to the cont			• т

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	Hist	toric	al Trea	asures, or O	the	r Similar Ass	ets (c	ontınued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	ls, che	eck ar	ny of the	following that a	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan or	exchange progi	ams			
b	Scholarly research		e	$\Gamma$	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	llections and explai	n how	they	further t	he organization	ı's ex	cempt purpose ır	1	
5	During the year, did the organization solicit o								_	_
Dav	assets to be sold to raise funds rather than t							<u> </u>	Yes	l No
Раг	<b>t IV</b> Escrow and Custodial Arrange Part IV, line 9, or reported an am						u r	es to form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the f	followi	ing ta	ble	_				
						_		Am	ount	
С	Beginning balance						1c			
d	Additions during the year					_	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f	_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Г	Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natior	has be	en provided in l	art	XIII		
Pai	<b>t V</b> Endowment Funds. Complete								, )E	
1a	Beginning of year balance	(a)Current year 30,000	(D)F	Prior ye	30,000	<b>(c)</b> Two years back 30,000	+	30,000	(e)Four y	ears back 30,000
b	Contributions	,				•	+	,		<u> </u>
С	Net investment earnings, gains, and losses	137			135	233	3	271		593
d	Grants or scholarships									
e	Other expenditures for facilities and programs	137			135	233	3	271		593
f	Administrative expenses	20,000			20,000	20.000	+	20,000		30,000
g	End of year balance	30,000			30,000	30,000	<u>′</u>	30,000		30,000
2	Provide the estimated percentage of the curr	*	e (lıne	e 1g, d	:olumn (	a)) held as				
а	Board designated or quasi-endownient	33 330 %								
b	Permanent endowment ► 66 670 %									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	•	tion ti	hat ar	a hald a	nd administara	d for	tha		
За	organization by	Sion of the organiza	נוטוו נו	iiat ai	e neiu ai	na administere	u 101	tile	Yes	No
	(i) unrelated organizations			•				3a(i	)	No
	(ii) related organizations							<u> </u> 3a(i		No
_	If "Yes" to 3a(II), are the related organization	•					•	<u>3b</u>		<u> </u>
4 Par	Describe in Part XIII the intended uses of the type Land, Buildings, and Equipme					newared 'Ves	' to	Form 990 Day	-+ T\/	ıne
FGI	11a. See Form 990, Part X, line 1		ile oi	yanız	ation a	iiswered res		101111 330, Pai	L I V , I	iiie
	Description of property				ost or oth (investme			(c) Accumulated depreciation	(d) Bo	ook value
<b>1</b> a	and					27,495	,754		:	27,495,754
b i	Buildings		.			41,484	,504	11,545,383	:	29,939,121
			1				042	6 272 640	T T	
<b>c</b> l	_easehold improvements		۱ -			23,496	,042	6,272,619		17,223,423
	Leasehold improvements					23,496 11,383		6,272,619 8,079,940	<del>                                     </del>	17,223,423 3,303,918
d i		· · · · · · · · · · · · · · · · · · ·	·			11,383	,858			

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>* </u>	
Part VIII Investments—Program Related. ( See Form 990, Part X, line 13.	complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	F-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets Complete if the organization	on answered 'Ves' to Form 990	Part IV line 11d See Form 990 Part V line 15
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
	on answered 'Yes' to Form 990	, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
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Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
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Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of the organization (a) Description (b) Part X Other Liabilities.	on answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of the property of the part X, line 25.	on answered 'Yes' to Form 990 cription  15.)  Janization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability	on answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Janization answered 'Yes' to	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the organization of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.  1 (a) Description of liability  Federal income taxes	on answered 'Yes' to Form 990 cription  15.)  Ganization answered 'Yes' to  (b) Book value	(b) Book value

PART XI, LINE 2D - OTHER

PART XII, LINE 2D - OTHER

ADJUSTMENTS

ADJUSTMENTS

Par		nue per Audited Financial Statements With Revenue d 'Yes' to Form 990, Part IV, line 12a.	per Re	turn Complete if
1	Total revenue, gains, and other sup	oport per audited financial statements	1	80,280,138
2	A mounts included on line 1 but not	on Form 990, Part VIII, line 12		
a	Net unrealized gains on investment	ts		
b	Donated services and use of facilit	ıes		
c	Recoveries of prior year grants .	2c	1	
d	Other (Describe in Part XIII ) .	2d   16,044,403	:]	
e	Add lines <b>2a</b> through <b>2d</b>	<del> </del>	2e	16,044,403
3	Subtract line ${f 2e}$ from line ${f 1}$		3	64,235,735
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included	on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	0
5		(This must equal Form 990, Part I, line 12)	5	64,235,735
Par		nses per Audited Financial Statements With Expense red 'Yes' to Form 990, Part IV, line 12a.	s per F	Return. Complete
1	Total expenses and losses per aud	ited financial statements	1	77,167,352
2	A mounts included on line 1 but not	on Form 990, Part IX, line 25		
а	Donated services and use of faciliti	ies		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII ) .	2d 16,044,40	3	
e	Add lines <b>2a</b> through <b>2d</b>	<del> </del>	2e	16,044,403
3	Subtract line ${f 2e}$ from line ${f 1}$		3	61,122,949
4	Amounts included on Form 990, Pa	art IX, line 25, but not on line 1:		
a	Investment expenses not included	on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) .	4b		
c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c</b>	. (This must equal Form 990, Part I, line 18)	5	61,122,949
Par	Supplemental Inform	nation		
Part		II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 s 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t		any additional
	Return Reference	Explanation		
PART	<i>'</i>	E ENDOWMENT WAS ESTABLISHED TO PROVIDE INCOME TO FIECIFIC ANNUAL EVENTS OF GOODWILL	NANCIA	ALLY SUPPORT
PART	FRC AC	ODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA, INC OM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE I CORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS D OVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAX	NTERNA O NOT I	AL RÉVENUE CODE, REFLECT A

RECLASS LOSS ON DISPOSAL OF FIXED ASSETS 64,274

RECLASS LOSS ON DISPOSAL OF FIXED ASSETS 64,274

AUTHORITIES

DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR

DECEMBER 31, 2010 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING

RECLASS COST OF GOODS SOLD 15,954,715 RECLASS SPECIAL EVENT EXPENSES 25,414

RECLASS COST OF GOODS SOLD 15,954,715 RECLASS SPECIAL EVENT EXPENSES 25,414

OBLIGATIONS AS OF DECEMBER 31, 2013 AND 2012 YEARS ENDING ON OR AFTER

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493310020514

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC 56-0588474 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

	FUIII 990-EZ IIIEIS	s are not required	to comp	nete tilis	part.		
a b c d	Indicate whether the organic Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (1	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-government grants ernment grants g events -s, directors, trustees undraising services?	<b>T Yes T No</b> ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
ota	ıl			<b>.</b>			
3	List all states in which the or registration or licensing	organization is regist	ered or li	censed to	solicit contributions o	r has been notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2013				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		evente mai greec receipte g	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through
			ANNUAL GOLF TOURNAMENT (event type)	(event type)	(total number)	col <b>(c)</b> )
E NE	1	Gross receipts	41,60	8		41,608
Revenue	2	Less Contributions	16,19	4		16,194
<u>~</u>	3	Gross income (line 1 minus line 2)	25,41	4		25,414
	4	Cash prizes	4,00	0		4,000
ဟ	5	Noncash prizes	4,30	7		4,307
Expenses	6	Rent/facility costs	10,53	5		10,535
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	6,57	2		6,572
	10	Direct expense summary Add lir	nes 4 through 9 ın columı	n (d)		(25,414)
	11	Net income summary Subtract li	ine 10 from line 3, colum	n (d)		0
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	art IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>종</u>	1	Gross revenue				
enses	2	Cash prizes				
ben	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteer labor	│	│	<b>☐ Yes</b> % <b>No</b>	
	7	Direct expense summary Add line	es 2 through 5 in column	(d)		
	8	Net gaming income summary Sub	tract line 7 from line 1, c	olumn (d)		
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," explain	e gaming activities in eac	h of these states?		「Yes 「No
10a	 	re any of the organization's gaming				
b		Yes," explain				· · i tes i No

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>E</b> mployee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	⁄ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Part I General Information on Grants and Assistance

Schedule I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

NORTH CAROLINA INC

GOODWILL INDUSTRIES OF NORTHWEST

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

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

56-0588474

DLN: 93493310020514

OMB No 1545-0047

		Governments and reciplent that receive				organization answered I space is needed.	d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27115	20-3536704	501(C)(3)	7,500,000				FINANCIAL SUPPORT FOR THE PROGRAMMATIC NEEDS OF GOODWILL
(2) CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105	31-1523230	501(C)(3)	162,500				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION
(3) ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105	46-2621465	501(C)(3)	196,639				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION
(4) GUIDING INSTITUTE FOR DEVELOPMENTAL EDUCATION INC PO BOX 1533 WINSTONSALEM, NC 27102	65-1231374	501(C)(3)	20,000				FINANCIAL SUPPORT FOR GANG/DROPOUT PREVENTION AND INTERVENTION BASKETBALL PROGRAM
(5) GREEN OPPORTUNITIES 216B LIVINGSTON STREET ASHEVILLE,NC 28801	26-4230288	501(C)(3)	50,000				FINANCIAL SUPPORT TO FUND KITCHEN EQUIPMENT USED IN TRAINING
(6) JUNIOR ACHIEVEMENT OF CENTRAL NORTH CAROLINA 3220 NORTHLINE AVENUE GREENSBORO,NC 27408	56-0844838	501(C)(3)	10,000				FINANCIAL SUPPORT FOR 20 JA PROGRAMS IN WINSTON- SALEM/FORSYTH COUNTY SCHOOLS
(7) WINSTON SALEM STREET SCHOOL 630 W 6TH STREET SUITE 101 WINSTONSALEM,NC 27101	81-0566874	501(C)(3)	25,000				FINANCIAL SUPPORT FOR NASS ANNUAL CAMPAIGN FOR HOMELESS AND AT-RISK STUDENTS
(8) SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA 3655 REED STREET WINSTONSALEM, NC 27104	58-1457912	501(C)(3)	50,000				FINANCIAL SUPPORT FOR OPERATIONS OF THE TRAID COMMUNITY KITCHEN

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>:</b>	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) TUITION PAYMENT TO GOOD! CLIENTS FOR EMPLOYMENT TRAI CLASSES		139	71,181			
(2) COLLEGE SCHOLARSHIPS TO CHILDREN OF GOODWILL EMPLOY	YEES	17	23,000			
Part IV Supplemental Inf	format	<b>ion.</b> Provide the infor	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanat	tion				
DARTITUE 2	COODWILL MANACEMENT IS DIRECTLY INCORMED BY THE BOARD OF DIRECTORS OF THE NORTHWEST NORTH CAROLINA COMMUNITY					

Return Reference	Explanation
PART I, LINE 2	GOODWILL MANAGEMENT IS DIRECTLY INFORMED BY THE BOARD OF DIRECTORS OF THE NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION OF FUND USAGE AS APPROVED BY THE INDEPENDENT BOARD THE FOUNDATION IS A FINANCIALLY INTERRELATED ORGANIZATION THAT IS NOT CONTROLLED BY GOODWILL THROUGH A SOLE MEMBER RELATIONSHIP GOODWILL'S CEO IS A PERMANENT MEMBER OF THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP BOARD GOODWILL ALSO HAS CERTAIN LEGAL RIGHTS THROUGH THE SOLE MEMBER RELATIONSHIP THAT GIVES IT CONTROL OVER APPROVAL OF THE ANNUAL BUDGET AND APPROVAL OF LARGE UNBUDGETED EXPENDITURES THESE RIGHTS ALLOW GOODWILL TO MONITOR THE USE OF ANY GRANT FUNDS GOODWILL ALSO IS THE SOLE MEMBER OF ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP GOODWILL'S VICE PRESIDENT OF FINANCE AND PRESIDENT SERVE AS TREASURER/BOARD OF DIRECTOR AND BOARD OF DIRECTOR, RESPECTIVELY FOR ROWAN CROSBY, THEREBY PROVIDING GOODWILL STRONG OVERSIGHT TO ENSURE ALL FINANCIAL SUPPORT, INCLUDING GOODWILL'S, IS PROPERLY TARGETED FOR INTENDED PURPOSES

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 56-0588474

Name: GOODWILL INDUSTRIES OF NORTHWEST

NORTH CAROLINA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27115	20-3536704	501(C)(3)	7,500,000				FINANCIAL SUPPORT FOR THE PROGRAMMATIC NEEDS OF GOODWILL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	31-1523230	501(C)(3)	162,500				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105	46-2621465	501(C)(3)	196,639				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GUIDING INSTITUTE FOR DEVELOPMENTAL EDUCATION INC PO BOX 1533 WINSTONSALEM, NC 27102	65-1231374	501(C)(3)	20,000				FINANCIAL SUPPORT FOR GANG/DROPOUT PREVENTION AND INTERVENTION BASKETBALL PROGRAM	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GREEN OPPORTUNITIES 216B LIVINGSTON STREET ASHEVILLE,NC 28801	26-4230288	501(C)(3)	50,000				FINANCIAL SUPPORT TO FUND KITCHEN EQUIPMENT USED IN TRAINING		

Form 990,Schedule I, Pai	rt II, Grants an	<u>d Other Assistance</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL NORTH CAROLINA 3220 NORTHLINE AVENUE GREENSBORO,NC 27408	56-0844838	501(C)(3)	10,000				FINANCIAL SUPPORT FOR 20 JA PROGRAMS IN WINSTON- SALEM/FORSYTH COUNTY SCHOOLS

Form 990,Schedule I, Pai	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON SALEM STREET SCHOOL 630 W 6TH STREET SUITE 101 WINSTONSALEM,NC 27101	81-0566874	501(C)(3)	25,000				FINANCIAL SUPPORT FOR NASS ANNUAL CAMPAIGN FOR HOMELESS AND AT-RISK STUDENTS

Form 990,Schedule 1, Pai	t II, Grants and	<u>d Otner Assistance</u>	to Governments	and Organizations	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA 3655 REED STREET WINSTONSALEM, NC 27104	58-1457912	501(C)(3)	50,000				FINANCIAL SUPPORT FOR OPERATIONS OF THE TRAID COMMUNITY KITCHEN

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#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

**Employer identification number** 

56-0588474

Pa	rt  Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
					165	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	hat apply	•			
	▼ Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$ , list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$ ?	ie rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(i) Base	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
l	!	compensation	compensation	compensation	00111   01112   11111			
(1)CURTIS BLAND VP FINANCE	(i) (ii)	155,706 0	11,213 0	1,465 0	20,321 0	9,352 0	198,057 0	0 0
(2)SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	(i) (ii)	157,306 0	11,213 0	<b>4,424</b> 0	20,321 0	7,752 0	201,016 0	0
(3)JOHN CUNNINGHAM VP RETAIL OPERATIONS	(i) (ii)	152,851 0	11,213 0	4,854 0	20,321 0	12,425	201,664 0	0
(4)ARTHUR GIBEL PRESIDENT	(i) (ii)	256,940 0	16,755 0	14,281 0	32,974 0	15,371 0	336,321 0	0
(5)WILLIAM HAYMORE VP FACILITY SERVICES	(i) (ii)	149,444	9,151 0	1,464 0	18,611 0	7,396 0	186,066	0

Schedule J (Form 990) 2013

#### Part III Supplemental Information

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

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

Schedule J (Form 990) 2013

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC 56-0588474 Excess Repetit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

1 (a) Name	e of disqual	ıfıed pe	ied person (b) Relationship between disqualified person and organization					<b>(c)</b> Des	cription	of tra	nsaction	L	(d) Corr	ected		
				pers	on and organ	ızatıon							Yes	No		
	imount of ta	ıx ıncur	rred by org	janizatior	managers or	r disqualified pe	rson	is during t	he year	unde	rsection • +					
4958		•					•	• •			- >					
3 Enter the a	imount of ta	ix, if an	ny, on line	2, above,	reimbursed b	y the organizat	ion .	• • •			<b>F</b> \$					
art II Lo	ans to ar	d/or	From T	nterest	ed Person	<u> </u>										
						<b>9.</b> 990-EZ, Part V	/ lin	ne 38a or	Form 9	90 P2	art IV lu	ne 26	orifthe			
						, line 5, 6, or 22		10 300, 01	1 01111 3	50,10	,	110 20,	or in the			
a) Name of	(b)	1	(c)	(d) Loa		(e)Original		<b>)</b> Balance	<b>(g)</b> In		(h)		(i)Writ	tten		
nterested	Relations	hip P	urpose of	or from		principal	``	due	default		Approv	ed	agreem			
person	with			loan		· ·		n? amount			<u> </u>		by			
	organızatı	ion	n								board					
											or					
				<b>T</b> .	T =	-			\ <u>\</u>		commit			T		
				То	From				Yes	No	Yes	No	Yes	No		
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tal			<b>▶</b> \$										7			
irt IIII Gra	nts or A	ssista	ance Ber	nefittin	Interest	ed Persons.							I			
						n Form 990, P	art 1	IV, line 2	27.							
(a) Name of in	iterested	(b) R	Relationsh	ıp betwee	n <b>(c)</b> A mou	unt of assistanc	e	<b>(d)</b> Type	ofass	ıstanc	e <b>(e</b> )	) Purpo:	se of ass	ıstanc		
persor	n		ested pers								` `					
			organıza	tion												
) KAYLIN HAY	'MORE	1	SHTER OF		1	1,00	10 C	OLLEGE	SCHOL	ARSH			ASSIST	NCE		
			10RE, VP	OF								HIGH				
			LITIES				-					JCATIO				
) CARLIE			SHTER OF			1,00	10 C	OLLEGE	SCHOL	.ARSH			ASSISTA	ANCE		
JNNINGHAM		RETA	NINGHAM,	, VP OF								R HIGH JCATIO				
) LUKE HAYM	O.D.E.		OF WILLI <i>A</i>	\ M		1.00		OLLEGE	CCHOL	A D C L			ASSISTA	NCE		
LUKE HATM	OKE	1	10RE, VP			1,00	ا ا	.OLLEGE	SCHOL	АКЭП		RHIGH		AINCE		
		1	LITIES	01								JCATIO				
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RPENTER		1	ENTER, V			1,50	آ آ		5 5 1 1 <b>0</b> E			RHIGH				
		1	KFORCE									JCATIO				
		DEVE	LOPMENT	<u> </u>												
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		1														

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	of ization's	
				Yes	No	
(1) SHERRY POLONSKY	DIRECTOR	469,280	SEE PART V		No	
(2) CHRIS FOX	DIRECTOR	1,272,657	SEE PART V		No	
(3) BRENT WADDELL	DIRECTOR	131,261	SEE PART V		No	
(4) MIKE GUNTER	DIRECTOR	121,664	SEE PART V		No	

#### Part V Supplemental Information

Provide additional inform	ation for responses to questions on Schedule L (see instructions)
Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF PERSON SHERRY POLONSKY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION \$469,280 (D) DESCRIPTION OF TRANSACTION SHERRY POLONSKY IS A VP OF WILCO HESS, WHICH IS THE PRIMARY PROVIDER OF FUEL FOR OUR VEHICLES SHE DOES NOT SERVE AS OUR CONTACT AT WILCO HESS, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (E) SHARING OF ORGANIZATION REVENUES? = NO(A) NAME OF PERSON CHRIS FOX(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION \$1,272,657 (D) DESCRIPTION OF TRANSACTION CHRIS FOX IS A VP OF HANESBRANDS INC, WHICH IS ONE OF OUR CONTACT SERVICES CUSTOMERS HE DOES NOT SERVE AS OUR CONTACT AT HANESBRANDS INC, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON BRENT WADDELL(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION \$131,261 (D) DESCRIPTION OF TRANSACTION BRENT WADDELL IS A SENIOR VP OF BRANCH BANKING & TRUST CO, WHICH PROVIDES BANKING AND INVESTMENT SERVICES TO GOODWILL HE DOES NOT SERVE AS OUR CONTACT AT BRANCH BANKING & TRUST CO, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON MIKE GUNTER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DIRECTOR(C) AMOUNT OF TRANSACTION \$121,664 (D) DESCRIPTION OF TRANSACTION MIKE GUNTER IS AN ATTORNEY AT WOMBLE CARLYLE SANDRIDGE & RICE, PLLC, WHICH PROVIDES LEGAL SERVICES TO GOODWILL HE DOES NOT SERVE AS OUR CONTACT AT WOMBLE CARLYLE SANDRIDGE & RICE, PLLC, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (E) SHARING OF ORGANIZATION REVENUES? = NO

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56-0588474

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Department of the Treasury Internal Revenue Service

NORTH CAROLINA INC

GOODWILL INDUSTRIES OF NORTHWEST

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

**Employer identification number** Name of the organization

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Part I Types of Property (d) (a) (b) (c) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications Clothing and household 13,910,159 FAIR VALUE Χ goods . . . . . . 51,250 FAIR VALUE Χ 37 Cars and other vehicles . . **7** Boats and planes . . . Intellectual property . . . 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 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . 25 Other ► (\_\_ 26 Other ▶( \_\_\_ **27** Other ►( \_\_ 28 Other ► (\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . 30a Νo **b** If "Yes," describe the arrangement in Part II 31 Νo 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Νo **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST
NORTH CAROLINA INC

Employer identification number
56-0588474

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, AT A BOARD MEETING, THE CONFLICT OF INTEREST POLICY IS PROVIDED TO EACH BOARD MEMBER EACH BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND RETURN IT TO THE CHIEF COMPLIANCE OFFICER THE CHIEF EXECUTIVE OFFICER, CHIEF COMPLIANCE OFFICER AND EXECUTIVE SECRETARY ARE RESPONSIBLE FOR IDENTIFYING CONFLICTS OF INTEREST AND ENSURING BOARD MEMBERS RECUSE THEMSELVES FROM VOTING WHEN APPROPRIATE RESULTS OF THE QUESTIONNAIRE ARE COMPILED AND SHARED WITH THE AUDIT COMMITTEE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN 2012, THE COMPENSATION COMMITTEE ENGAGED A WELL-QUALIFIED HR CONSULTING FIRM TO CONDUCT A COMPENSATION SURVEY FOR EACH EXECUTIVE POSITION THE RESULTS FROM THAT SURVEY, ADJUSTED FOR INFLATION, WERE USED TO ENSURE COMPENSATION WAS IN LINE WITH THE SURVEY AND GOODWILL'S COMPENSATION PHILOSOPHY THE COMPENSATION COMMITTEE IS SOLELY RESPONSIBLE FOR RECOMMENDING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER RECOMMENDS SALARY AND BONUS LEVELS FOR THE VICE PRESIDENTS TO THE COMPENSATION COMMITTEE FOR THEIR APPROVAL THE COMPENSATION COMMITTEE, DURING CLOSED SESSION, PRESENTS THEIR RECOMMENDATIONS TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS AND HAS FINAL VOTING AUTHORITY OF COMPENSATION LEVELS

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

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

Return Reference	Explanation	
	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS AT GOODWILL, WE BELIEVE THAT ALL PEOPLE R EGARDLESS OF SITUATION, SHOULD HAVE ACCESS TO MEANINGFUL EMPLOYMENT EACH TIME YOU DONATE ITEMS TO GOODWILL OR SHOP IN OUR STORES, YOU ARE SUPPORTING TRAINING PROGRAMS THAT HELP PE PLE WITH BARRIERS TO EMPLOYMENT TO FIND JOBS AND BECOME MORE SELF-SUFFICIENT GOODWILL IS MANY THINGS WE AREA A DONOR PORVEN DAGENCY WE AREA SOCIAL ENTREPREDIEUR WE AREA MAJOR REVICES OF TEXTLES, SECTRONICS, AND OTHER MATERIALS BUT MOST IMPORTANTLY, WE AREA LEAD BY INVORKFORCE DEVELOPMENT SERVICES THROUGH CLASSES, TRAINING, AND WORK EMPERICACE OFFER AT OUR VARIOUS LOCATIONS, PEOPLE DEVELOPHENT SERVICES THROUGH CLASSES, TRAINING, AND WORK EMPERICACE OFFER AT OUR VARIOUS LOCATIONS, PEOPLE DEVELOPHENT SERVICES THROUGH CLASSES, TRAINING, AND WORK EMPERICACE OFFER DAT TO BE VARIOUS LOCATIONS, PEOPLE DEVELOPMENT SERVICES AND COLLABORATION WITH OTHER COMMUNITY ORGANIZATION HISTORY

Return Explanation Reference	
PAGE 2, LINES 4A, 4B, AND 4C	INFLUENCE OF GANG LIFE OUTCOMES- UPDATE

Return Reference	Explanation	
	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	STRATEGIC PARTNERSHIPS
		LLEGES ARE EVIDENT ADDITIONAL EXAMPLES INCLUDE TH

Return Reference	Explanation	
	FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	EURBAN LEAGUE, CRISIS CONTROL MINISTRY, AND THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP TH ESE PARTNERSHIPS HAVE BEEN INTITATED IN ORDER TO ENHANCE THE LIVES OF THE PEOPLE SERVED BY GOODWILL AND TO PROVIDE ADDITIONAL OPPORTUNITIES FOR COLLABORATIVE EFFORTS > THE BUSINES S ADVISORY MODEL ADOPTED BY THIS GOODWILL APPEARS TO BE INVOLVED, UNIQUE, AND EXCEPTIONALL Y SUCCESSFUL BUSINESS ADVISORY COUNCILS ARE TRADITIONALLY DIFFICULT TO FORM, CULTIVATE AND ENCESSFUL BUSINESS ADVISORY COUNCILS ARE TRADITIONALLY DIFFICULT TO FORM, CULTIVATE AND ENGAGE GOODWILL HAS DEVELOPED EXCEPTIONAL COUNCILS, SOME OF WHICH HAVE BEEN FORMED ALON GINDUSTRY THAT PROMOTE RELATIONSHIP BUILDING THROUGHOUT THE RESPECTIVE COMMUNITIES THESE RELATIONSHIPS ALLON ACCESS TO INFORMATION REGARDING BIMPLOY MENT OPPORTUNITIES THAT CAN THEN BE EFFECTIVELY USED TO RAISE POTENTIAL EARNING LEVELS FOR INDIVIDUALS WHILE MEETING COMMUNITY NEEDS THE ACTIVE, BUSINESS ADVISORY COUNCILS ARE INSTRUMENTAL IN BNHANCINS EMPLOYMENT SERVICES OFFERED THE KNOWLEDGE AND EXPERTISE THE COMMUNITY LEADERS BRING TO THE COUNCILS NOT ON LY STRENGTH THE QUALITY OF SERVICES, BUT ALSO PROVIDE AN EXTENSIVE NETWORK LEADING TO ADDITIONAL JOB OPPORTUNITIES FOR PERSONS ESPYED GOODWILL WAS ALSO COMMENDED BY CARF FOR TIS STRENGTH IN HAVING "A BOARD OF DIRECTORS THAT IS DEDICATED, DIVERSE, AND BNGAGED THROUGH AN ACTIVE COMMITTEES FIRE PARTICIPATION IS REQUIRED ON AT LEAST ONE OF THE COMMITTEES, I E, EXECUTIVE, RECRUITMENT, WORKFORCE DEVELOPMENT, FINANCE, AUDIT, CONTRACT SERVICES, PERSONNEL, AND MARKETING SENIOR STAFF MEMBERS PRESENT AT EACH BOARD MEETING IN CONJUNCTION WITH THER RESPECTIVE BOARD COMMITTEE(S)."  BNIRONMENTAL IMPACT

DLN: 93493310020514

OMB No 1545-0047

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# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

**Employer identification number** 56-0588474

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

or more related tax-exempt organizations during the	he tax year.						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	<b>g)</b> n 512(b) ontrolled tity?
						Yes	No
(1) NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION  PO BOX 4299  WINSTONSALEM, NC 27115	PROVIDE FINANCIAL SUPPORT TO GOODWILL OF NORTHWEST NORTH CAROLINA, INC	NC NC	501(C)(3)	LINE 11D, III-O	N/A		No
20-3536704							
(2) CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY	PREPARING PUBLIC SCHOOL STUDENTS FOR SUCCESSFUL COLLEGE ENROLLMENT	NC	501(C)(3)	LINE 7	GOODWILL INDUSTRIES OF NWNC INC	Yes	
WINSTONSALEM, NC 27105 _31-1523230							
(3) ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 46-2621465	PREPARING PUBLIC SCHOOL STUDENTS FOR SUCCESSFUL COLLEGE ENROLLMENT	NC	501(C)(3)	LINE 7	GOODWILL INDUSTRIES OF NWNC INC	Yes	

<b>(a)</b> Name, address, and EIN of related organization		<b>(b)</b> Primary activ	(c) Legal domicile (state o foreign country)	r entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging ener?	(k) Percentag ownersh
					314)			Yes	No		Yes	No	
													]
Identification of Related Org line 34 because it had one or m								swere	d "Yes	" on Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreig country)	n	(d) Direct controllin entity	(e) Type of entit (C corp, S corp, or trust)	y Share of income	total Share e of	(g) e of end -year ssets		(h) ercentage wnership	Section (b) cont	i) on 512 (13) rolled tity?	2
		I		<u> </u>	1	<u> </u>			_		Yes		No
									+				+

ſ	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Dur	ring the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?				
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
Ь	Gift, grant, or capital contribution to related organization(s)				1b	Yes	
c (	Gift, grant, or capital contribution from related organization(s)				<b>1</b> c	Yes	
d I	oans or loan guarantees to or for related organization(s)				1d		No
e	_oans or loan guarantees by related organization(s)				1e		No
f [	Dividends from related organization(s)				<b>1</b> f		No
g :	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i E	xchange of assets with related organization(s)				<b>1</b> i		No
j L	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k	_ease of facilities, equipment, or other assets from related organization(s)				1k		No
I P	erformance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o :	Sharing of paid employees with related organization(s)				10	Yes	
n	Reimbursement paid to related organization(s) for expenses				1p		No
-	Reimbursement paid by related organization(s) for expenses				1q		No
ч	Tellibursement paid by related organization(s) for expenses						
r	Other transfer of cash or property to related organization(s)				1r		No
s (	Other transfer of cash or property from related organization(s)				<b>1</b> s		No
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complet	e this line, including co	overed relationships	and transaction thresholds			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ı	nvolved	
<b>1)</b> CRO	OSBY SCHOLARS COMMUNITY PARTNERSHIP	В	182,500	CASH			
<b>2)</b> ROV	VAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	В	196,639	CASH			
<b>3)</b> CRC	OSBY SCHOLARS COMMUNITY PARTNERSHIP	N	20,000	FAIR VALUE			
				1			
		+	<b>.</b>				

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

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

revenue) that was not a related organization. See instructions													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) (g) Share of total income assets		(h) Disproprtionate allocations?		(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
		·					<u> </u>						

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

VP FINANCE

Software ID: Software Version:

**EIN:** 56-0588474

Name: GOODWILL INDUSTRIES OF NORTHWEST

NORTH CAROLINA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organızatıon (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest employe Individual to or director Office organizations related Institutional Trustee below organizations emplo)ee dotted line) t compensated ee trustee MARK BACHMETER 1 00 Χ 0 0 DIRECTOR PENNI BRADSHAW 1 00 Χ 0 0 0 DIRECTOR, EMERITUS MICHAEL CLEMENTS 1 00 0 Х 0 0 DIRECTOR MARK DINSE 1 00 0 0 Χ 0 DIRECTOR WALKER DOUGLAS 1 00 Х 0 0 0 DIRECTOR DR ROBERT FORD 1 00 Х 0 0 0 DIRECTOR CHRIS FOX 1 00 Х 0 0 0 DIRECTOR NATASHA GODDARD-CURETON 1 00 Χ 0 DIRECTOR MIKE GUNTER 1 00 0 Х 0 0 DIRECTOR, EMERITUS DENISE HARTSFIELD 1 00 0 0 0 Х DIRECTOR KENNETH HORNE 1 00 0 0 Х 0 DIRECTOR DR FRANCINE MADREY 1 00 Х 0 0 0 DIRECTOR SUE MARION 1 00 0 0 0 DIRECTOR BARBARA DUCK 0 Χ 0 0 DIRECTOR, EX OFFICIO ALAN MURDOCK 1 00 0 0 Х 0 **DIRECTOR** DR ANDY PEOPLES 1 00 0 Х 0 0 DIRECTOR, EMERITUS SHERRY POLONSKY 1 00 0 0 Х 0 DIRECTOR HANK PRICE 1 00 Х 0 0 0 DIRECTOR DENISE PRIDDY 1 00 Х 0 0 0 DIRECTOR MICHAEL ROGERS 1 00 0 DIRECTOR, EX OFFICIO DAVID ST CLAIR 1 00 Х 0 0 0 DIRECTOR BRENT WADDELL 1 00 0 0 0 Χ DIRECTOR LINDA WOOD 1 00 Х 0 0 0 DIRECTOR LARRY WOODS 1 00 Χ 0 0 0 DIRECTOR CURTIS BLAND 40 00 Χ 168,384 0 29,673 Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours	Positi more th persor and a	ion (d nan oi n is b	ne bo oth a	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
SHERRY CARPENTER  VP WORKFORCE DEVELOPMENT	40 00			х				172,943	0	28,073
JOHN CUNNINGHAM	40 00		$\vdash\vdash\vdash$							
VP RETAIL OPERATIONS				Х				168,918	0	32,746
ARTHUR GIBEL PRESIDENT	40 00			х				287,976	0	48,345
WILLIAM HAYMORE	40 00		$\vdash \vdash \vdash$	$\vdash$						
VP FACILITY SERVICES				Х				160,059	0	26,007
WILLIAM HUFFMAN	40 00									
VP HUMAN RESOURCES & ORANIZATIONAL DEVELOPMENT				Х				42,410	0	20,163
JAYMIE EICHORN	40 00			х				112,994	0	17,684
VP MARKETING RUDY ALLEN	<u> </u>	<del>  </del>	$\vdash \vdash \vdash$	$\vdash \vdash \vdash$						
VP HUMAN RESOURCES & ORGANIZATIONAL DEVELOPMENT	40 00			х				110,541	0	4,539
THOMAS RUNSER	40 00					х		131,821	0	15,875
CONTROLLER	]							,		,