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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
WINSTONSALEM, NC 27115

D Employer identification number
56-0588474

E Telephone number
(336) 724-3621

G Gross receipts $ 81,367,792

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW GOODWILLNWNC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1926

M State of legal domicile NC

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,778
6	Total number of volunteers (estimate if necessary)	**6**	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,242
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	13,718

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,190,183	18,054,112
9	Program service revenue (Part VIII, line 2g)	8,397,561	5,210,624
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-63,983	92,750
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,880,881	39,513,062
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,404,642	62,870,548
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,492,343	5,825,728
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,149,063	39,582,860
16a	Professional fundraising fees (Part IX, column (A), line 11e)	44,312	33,594
b	Total fundraising expenses (Part IX, column (D), line 25) ▶684,680		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,347,995	16,279,849
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	59,033,713	61,722,031
19	Revenue less expenses Subtract line 18 from line 12	5,370,929	1,148,517

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	100,902,345	101,588,260
21	Total liabilities (Part X, line 26)	7,807,698	7,345,096
22	Net assets or fund balances Subtract line 21 from line 20	93,094,647	94,243,164

Part II Signature Block

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

Sign Here

******
Signature of officer — 2016-10-21 Date

CURTIS BLAND VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID VOGLER	DAVID VOGLER	2016-10-21		P00187735

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

Firm's address ▶ 100 N MAIN STREET SUITE 2300 WINSTONSALEM, NC 27101 — Phone no (336) 714-8100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses $	14,682,725	including grants of $	5,825,728) (Revenue $	3,219,429)	
	WORKFORCE DEVELOPMENT - SEE SCHEDULE O					
4b	(Code) (Expenses $	37,529,286	including grants of $	) (Revenue $	)	
	RETAIL OPERATIONS - SEE SCHEDULE O					
4c	(Code) (Expenses $	2,596,641	including grants of $	) (Revenue $	1,991,195)	
	CONTRACT OPERATIONS - SEE SCHEDULE O					
4d	Other program services (Describe in Schedule O)					
	(Expenses $		including grants of $	) (Revenue $	)	
4e	**Total program service expenses ▶**	54,808,652				

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	184		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,778		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CURTIS BLAND 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 (336) 724-3625

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								1,398,121	0	258,074

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RIVER'S EDGE DESIGN 6629 OLD US HIGHWAY 421 EAST BEND, NC 27115	OFFICE INTERIORS AND DESIGN SERVICES	154,569
C&M CLEANING INC PO BOX 2430 THOMASVILLE, NC 27361	CLEANING SERVICES	136,795
DIXON HUGHES GOODMAN LLP PO BOX 601439 CHARLOTTE, NC 28260	ACCOUNTING SERVICES	102,834

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	16,313				
	b Membership dues					
	c Fundraising events	26,195				
	d Related organizations	1,985,000				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	16,026,604				
	g Noncash contributions included in lines 1a-1f $	15,203,989				
	h **Total.** Add lines 1a-1f		18,054,112			
Program Service Revenue		Business Code				
	2a WORKFORCE DEV/CONTRACT	561300	5,210,624	5,210,624		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		5,210,624			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		59,076			59,076
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	24,028				
	b Less rental expenses	0				
	c Rental income or (loss)	24,028				
	d Net rental income or (loss)		24,028			24,028
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	40,750				
	b Less cost or other basis and sales expenses	7,076				
	c Gain or (loss)	33,674				
	d Net gain or (loss)		33,674			33,674
	8a Gross income from fundraising events (not including $ 26,195 of contributions reported on line 1c) See Part IV, line 18	a 15,145				
	b Less direct expenses	b 22,214				
	c Net income or (loss) from fundraising events		-7,069			-7,069
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 57,947,815				
	b Less cost of goods sold	b 18,467,954				
	c Net income or (loss) from sales of inventory		39,479,861			39,479,861
	Miscellaneous Revenue	Business Code				
	11a PARKING FEES	812930	16,242		16,242	
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		16,242			
	12 **Total revenue.** See Instructions		62,870,548	5,210,624	16,242	39,589,570

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,656,228	5,656,228		
2 Grants and other assistance to domestic individuals See Part IV, line 22	169,500	169,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,497,695	491,074	1,006,621	
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	27,792,353	25,145,382	2,472,021	174,950
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,919,591	1,656,838	239,447	23,306
9 Other employee benefits	6,124,664	5,793,677	299,539	31,448
10 Payroll taxes	2,248,557	1,986,804	241,984	19,769
11 Fees for services (non-employees)				
a Management				
b Legal	259,888		259,888	
c Accounting	242,470		242,470	
d Lobbying				
e Professional fundraising services See Part IV, line 17	33,594			33,594
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)	2,482,901	1,982,624	500,277	
12 Advertising and promotion	416,943	15,330		401,613
13 Office expenses	1,539,760	1,335,783	203,977	
14 Information technology				
15 Royalties				
16 Occupancy	3,064,513	3,004,916	59,597	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	129,685	86,723	42,962	
20 Interest				
21 Payments to affiliates	167,544		167,544	
22 Depreciation, depletion, and amortization	4,249,082	3,951,790	297,292	
23 Insurance	239,438	227,972	11,466	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS TAX	4,200		4,200	
b EQUIPMENT RENTAL/MAINT	944,877	846,627	98,250	
c TRANSPORTATION	907,458	774,994	132,464	
d TELEPHONE	777,866	701,817	76,049	
e All other expenses	853,224	980,573	-127,349	
25 **Total functional expenses.** Add lines 1 through 24e	61,722,031	54,808,652	6,228,699	684,680
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		43,350	1	44,150
	2	Savings and temporary cash investments		16,195,635	2	14,744,747
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		872,000	4	880,838
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		2,000,736	8	2,061,932
	9	Prepaid expenses and deferred charges		764,829	9	695,334
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 117,180,795			
	b	Less accumulated depreciation	10b 34,019,536	81,025,795	10c	83,161,259
	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)		100,902,345	16	101,588,260
Liabilities	17	Accounts payable and accrued expenses		6,590,692	17	6,267,135
	18	Grants payable			18	
	19	Deferred revenue		430,722	19	353,752
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		786,284	25	724,209
	26	**Total liabilities.** Add lines 17 through 25		7,807,698	26	7,345,096
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		92,998,464	27	94,031,373
	28	Temporarily restricted net assets		76,183	28	191,791
	29	Permanently restricted net assets		20,000	29	20,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		93,094,647	33	94,243,164
	34	Total liabilities and net assets/fund balances		100,902,345	34	101,588,260

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,870,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,722,031
3	Revenue less expenses Subtract line 2 from line 1	3	1,148,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	93,094,647
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	94,243,164

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-0588474

Name: GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BACHMEIER DIRECTOR	1 00	X						0	0	0
MICHAEL CLEMENTS DIRECTOR	1 00	X						0	0	0
WALKER DOUGLAS DIRECTOR	1 00	X						0	0	0
DR ROBERT FORD DIRECTOR, EMERITUS	1 00	X						0	0	0
CHRIS FOX DIRECTOR	1 00	X						0	0	0
MIKE GUNTER DIRECTOR	1 00	X						0	0	0
DR FRANCINE MADREY DIRECTOR	1 00	X						0	0	0
BARBARA DUCK DIRECTOR, EX OFFICIO	1 00	X						0	0	0
ALAN MURDOCK DIRECTOR	1 00	X						0	0	0
DR ANDY PEOPLES DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRY POLONSKY DIRECTOR	1 00	X						0	0	0
DAVID ST CLAIR DIRECTOR	1 00	X						0	0	0
BRENT WADDELL DIRECTOR, EMERITUS	1 00	X						0	0	0
LINDA WOOD DIRECTOR	1 00	X						0	0	0
LARRY WOODS DIRECTOR	1 00	X						0	0	0
MICHAEL CAMPANERO DIRECTOR	1 00	X						0	0	0
BRIAN CHAMBERS DIRECTOR	1 00	X						0	0	0
PAM CORBETT DIRECTOR	1 00	X						0	0	0
VICKIE RUSSELL DIRECTOR	1 00	X						0	0	0
VALERIE SOLOMON DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELLE BUTT DIRECTOR	1 00	X						0	0	0
TRENT JERNIGAN DIRECTOR, EX OFFICIO	1 00	X						0	0	0
MELISSA PARKER DIRECTOR	1 00	X						0	0	0
CURTIS BLAND VP FINANCE	40 00			X				177,563	0	30,47
SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	40 00			X				181,741	0	28,67
JOHN CUNNINGHAM VP RETAIL OPERATIONS	40 00			X				179,054	0	33,99
ARTHUR GIBEL PRESIDENT	40 00			X				289,214	0	71,22
WILLIAM HAYMORE VP FACILITY SERVICES	40 00			X				166,435	0	26,89
JAYMIE EICHORN VP MARKETING	40 00			X				128,628	0	19,88
RUDY ALLEN VP HUMAN RESOURCES & ORGAN	40 00			X				141,714	0	22,21

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS RUNSER CONTROLLER	40 00					X		133,772	0	24,72

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

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

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	12,318,148	13,334,201	15,663,536	17,190,183	18,054,112	76,560,180
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	12,318,148	13,334,201	15,663,536	17,190,183	18,054,112	76,560,180
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,387,107
6 **Public support.** Subtract line 5 from line 4						71,173,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	12,318,148	13,334,201	15,663,536	17,190,183	18,054,112	76,560,180
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,267	45,088	21,202	57,198	83,104	240,859
9 Net income from unrelated business activities, whether or not the business is regularly carried on	21,397	14,525	21,646	21,344	14,718	93,630
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						76,894,669

12 Gross receipts from related activities, etc (see instructions)	12	306,938,161

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	92 560 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	93 470 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313014986

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

		Amount
b If "Yes," explain the arrangement in Part XIII and complete the following table		
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	30,000	30,000	30,000	30,000	30,000
b Contributions					
c Net investment earnings, gains, and losses	121	120	137	135	233
d Grants or scholarships					
e Other expenditures for facilities and programs	121	120	137	135	233
f Administrative expenses					
g End of year balance	30,000	30,000	30,000	30,000	30,000

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

- a Board designated or quasi-endowment ▶ 33 000 %
- b Permanent endowment ▶ 67 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		30,925,498		30,925,498
b Buildings		55,514,154	15,939,272	39,574,882
c Leasehold improvements		15,795,554	7,772,507	8,023,047
d Equipment		13,029,287	10,307,757	2,721,530
e Other		1,916,302		1,916,302
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				83,161,259

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PENSION PAYABLE	724,209
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	724,209

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT WAS ESTABLISHED TO PROVIDE INCOME TO FINANCIALLY SUPPORT SPECIFIC ANNUAL EMPLOYEE PROGRAMS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	NATIONAL CHARITY SERVICES INC 1905 BRENTWOOD ROAD NE WASHINGTON, DC 20018	MANAGES CAR DONATION PROGRAM	Yes		77,969	33,594	29,294
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶		77,969	33,594	29,294

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

NC

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	41,340			41,340
	2 Less Contributions	26,195			26,195
	3 Gross income (line 1 minus line 2)	15,145			15,145
Direct Expenses	4 Cash prizes	2,400			2,400
	5 Noncash prizes	3,138			3,138
	6 Rent/facility costs	9,401			9,401
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,275			7,275
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,214
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-7,069

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	NATIONAL CHARITY SERVICES PROVIDES SIGNIFICANT SERVICES IN CONCERT WITH FUNDRAISING FOR THE VEHICLE DONATION PROGRAM THEY PROVIDE THE EXPERTISE TO STREAMLINE VEHICLE DONATIONS FOR THE ORGANIZATION AND CAR DONORS THEY COORDINATE VEHICLE DONATIONS THROUGH TO ULTIMATE DISPOSITION AND PROVIDE DONOR TAX INFORMATION REPORTING REQUIRED OF THE ORGANIZATION

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 14

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

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION PAYMENT TO GOODWILL CLIENTS FOR EMPLOYMENT TRAINING CLASSES	319	77,018			
(2) COLLEGE SCHOLARSHIPS TO CHILDREN OF GOODWILL EMPLOYEES	11	12,500			
(3) PAYMENT TO AND ON BEHALF OF GOODWILL YOUTH CLIENTS FOR JOB READINESS AND INDEPENDENCE	290	56,117			
(4) TUITION ASSISTANCE TO GOODWILL EMPLOYEES	19	23,165			
(5) ATTENDANCE INCENTIVES FOR CROSS SERVICES CLIENTS	28	700			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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 SERVES AS TREASURER AND DIRECTOR ON THE BOARD OF DIRECTORS AND THE PRESIDENT SERVES AS DIRECTOR ON THE BOARD OF DIRECTORS FOR ROWAN CROSBY, THEREBY PROVIDING GOODWILL STRONG OVERSIGHT TO ENSURE ALL FINANCIAL SUPPORT, INCLUDING GOODWILL'S, IS PROPERLY TARGETED FOR INTENDED PURPOSES GOODWILL ALSO IS THE SOLE MEMBER OF IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP GOODWILL'S PRESIDENT SERVES AS EX-OFFICIO DIRECTOR ON THE BOARD OF DIRECTORS, THE VICE PRESIDENT OF FINANCE SERVES AS TREASURER AND DIRECTOR ON THE BOARD OF DIRECTORS AND THE VICE PRESIDENT OF WORKFORCE DEVELOPMENT SERVES AS DIRECTOR ON THE BOARD OF DIRECTORS FOR IREDELL 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	20-3536704	501(C)(3)	4,500,000				FINANCIAL SUPPORT FOR THE PROGRAMMATIC NEEDS OF GOODWILL
CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	31-1523230	501(C)(3)	562,500				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION
ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	46-2621465	501(C)(3)	294,428				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GUIDING INSTITUTE FOR DEVELOPMENTAL EDUCATION INC PO BOX 1533 WINSTONSALEM,NC 27102	65-1231374	501(C)(3)	50,000				FINANCIAL SUPPORT FOR GANG/DROPOUT PREVENTION AND INTERVENTION BASKETBALL PROGRAM
IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM,NC 27105	47-4195074	501(C)(3)	179,300				FINANCIAL SUPPORT FOR CROSBY SCHOLARS, WHICH REMOVES BARRIERS FROM HIGHER EDUCATION
SECOND HARVEST FOOD BANK OF NORTHWESTERN NC INC 3655 REED STREET WINSTONSALEM,NC 27107	58-1457912	501(C)(3)	25,000				FINANCIAL SUPPORT FOR FUNDAMENTAL FOOD NEEDS OF THE WINSTON-SALEM, NC COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FINANCIAL PATHWAYS OF THE PIEDMONT 8064 NORTH POINT BOULEVARD SUITE 204 WINSTONSALEM,NC 27106	56-1015074	501(C)(3)	10,000				FINANCIAL SUPPORT FOR REAL WORLD 2015 PROGRAM
MACON COUNTY CARE NETWORK 130 BIDWELL STREET FRANKLIN,NC 28734	58-1813122	501(C)(3)	5,000				FINANCIAL SUPPORT FOR FUNDAMENTAL FOOD NEEDS OF THE MACON COUNTY, NC COMMUNITY
NORTH LEXINGTON BAPTIST CHURCH OUTREACH 201 MIZE ROAD LEXINGTON,NC 27295	56-1411107	501(C)(3)	5,000				FINANCIAL SUPPORT FOR FUNDAMENTAL FOOD NEEDS OF THE LEXINGTON, NC COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WATAUGA OPPORTUNITIES INC 642 GREENWAY ROAD BOONE,NC 28607	56-1089285	501(C)(3)	5,000				FINANCIAL SUPPORT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
VETERANS HELPING VETERANS HEAL 3614 NORTH GLENN AVENUE WINSTONSALEM,NC 27105	27-5554898	501(C)(3)	5,000				FINANCIAL SUPPORT FOR LIFE AND JOB SKILLS TRAINING FOR VETERANS
CHILDREN'S HOPE ALLIANCE FOUNDATION 156 FRAZIER LOOP STATESVILLE,NC 28677	01-0653458	501(C)(3)	5,000				FINANCIAL SUPPORT FOR FINDING SAFE, NURTURING FAMILIES FOR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREENEST 1015 WEST NORTHWEST BOULEVARD WINSTONSALEM,NC 27105	47-2087001	501(C)(3)	5,000				FINANCIAL SUPPORT FOR ASSISTING FORMERLY HOMELESS INDIVIDUALS FINDING STABLE HOUSING
EBLEN CHARITIES 50 WESTGATE PARKWAY ASHEVILLE,NC 28806	56-1758077	501(C)(3)	5,000				FINANCIAL SUPPORT FOR MEDICAL AND EMERGENCY ASSISTANCE TO FAMILIES IN NEED

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CURTIS BLANDVP FINANCE	(i)	161,927	13,904	1,732	19,824	10,649	208,036	0
	(ii)	0	0	0	0	0	0	0
2 SHERRY CARPENTER VP WORKFORCE DEVELOPMENT	(i)	163,794	13,329	4,618	19,824	8,849	210,414	0
	(ii)	0	0	0	0	0	0	0
3 JOHN CUNNINGHAM VP RETAIL OPERATIONS	(i)	159,075	13,518	6,461	19,824	14,170	213,048	0
	(ii)	0	0	0	0	0	0	0
4 ARTHUR GIBELPRESIDENT	(i)	256,940	17,142	15,132	34,151	37,072	360,437	0
	(ii)	0	0	0	0	0	0	0
5 WILLIAM HAYMORE VP FACILITY SERVICES	(i)	154,497	10,257	1,681	18,201	8,691	193,327	0
	(ii)	0	0	0	0	0	0	0
6 RUDY ALLEN VP HUMAN RESOURCES & ORGAN	(i)	133,934	5,754	2,026	14,316	7,894	163,924	0
	(ii)	0	0	0	0	0	0	0
7 THOMAS RUNSER CONTROLLER	(i)	127,223	6,128	421	14,267	10,461	158,500	0
	(ii)	0	0	0	0	0	0	0

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, PRESIDENT, IS PROVIDED FOR TWO GOODWILL CONFERENCES PER YEAR

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) CARLIE CUNNINGHAM	DAUGHTER OF JOHN CUNNINGHAM, VP OF RETAIL	1,000	COLLEGE SCHOLARSHIP	PROVIDE ASSISTANCE FOR HIGHER EDUCATION
(2) MICHAEL CARPENTER	SON OF SHERRY CARPENTER, VP OF WORKFORCE DEVELOPMENT	1,000	COLLEGE SCHOLARSHIP	PROVIDE ASSISTANCE FOR HIGHER EDUCATION

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS FOX	DIRECTOR	1,323,126	SEE PART V		No
(2) BRENT WADDELL	DIRECTOR	198,567	SEE PART V		No
(3) MIKE GUNTER	DIRECTOR	272,121	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS	THE DR BOB H GREENE SCHOLARSHIP'S PURPOSE IS TO AWARD UNDERGRADUATE SCHOLARSHIPS FOR CHILDREN OF GOODWILL EMPLOYEES ATTENDING AN ACCREDITED COMMUNITY COLLEGE, 2 OR 4 YEAR COLLEGE, OR UNIVERSITY THE SCHOLARSHIPS ARE NOT INTENDED MERELY TO FURTHER THE EDUCATION OF AN ASPIRING STUDENT, BUT TO RECOGNIZE AND ASSIST THOSE STUDENTS WHO DEMONSTRATE INVOLVEMENT IN THEIR COMMUNITY AND REPRESENT THE VALUES OF GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA, INC IN 2015, ELEVEN SCHOLARSHIPS WERE AWARDED FOR A TOTAL OF $12,500 (A) NAME OF PERSON CARLIE CUNNINGHAM(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DAUGHTER OF JOHN CUNNINGHAM, VP OF RETAIL(C) AMOUNT OF GRANT $1,000(D) TYPE OF ASSISTANCE COLLEGE SCHOLARSHIP(E) PURPOSE OF ASSISTANCE PROVIDE ASSISTANCE FOR HIGHER EDUCATION(A) NAME OF PERSON MICHAEL CARPENTER(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SON OF SHERRY CARPENTER, VP OF WORKFORCE DEVELOPMENT(C) AMOUNT OF GRANT $1,000(D) TYPE OF ASSISTANCE COLLEGE SCHOLARSHIP(E) PURPOSE OF ASSISTANCE PROVIDE ASSISTANCE FOR HIGHER EDUCATION
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(D) DESCRIPTION OF TRANSACTION CHRIS FOX IS A VP OF HANESBRANDS INC, WHICH IS ONE OF OUR CONTRACT SERVICES CUSTOMERS HE DOES NOT SERVE AS OUR CONTACT AT HANESBRANDS INC, AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (D) DESCRIPTION OF TRANSACTION BRENT WADDELL IS A SENIOR VP OF BRANCH BANKING & TRUST CO , WHICH PROVIDES BANKING AND INVESTMENT SERVICES TO GOODWILL BANK AND TRUSTEE FEE SERVICES WERE SUBJECT TO AN OBJECTIVE COMPETITIVE BID PROCESS WHEN ORGINIALLY AWARDED AND ARE CONTINUALLY MONITORED BY MANAGEMENT AND THE BOARD TO MAXIMIZE VALUE FOR GOODWILL HE DOES NOT SERVE AS OUR CONTACT AT BRANCH BANKING & TRUST CO , AND ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH (D) DESCRIPTION OF TRANSACTION MIKE GUNTER IS AN ATTORNEY AT WOMBLE CARLYLE SANDRIDGE & RICE, PLLC (WCSR), WHICH PROVIDES LEGAL SERVICES TO GOODWILL DUE TO HIS FAMILIARITY WITH GOODWILL AND HIS LEGAL EXPERTISE, MR GUNTER DOES SERVE AS OUR CONTACT AT WCSR WHEN APPROPRIATE GOODWILL MANAGEMENT SELECTS LEGAL COUNSEL TO ATTAIN THE BEST VALUE IN EACH SITUATION, UTILIZING WCSR AND MR GUNTER ONLY IN THOSE SITUATIONS IN WHICH FAMILIARITY AND EXPERTISE RETURN THE BEST VALUE FOR GOODWILL ALL TRANSACTIONS ARE PERFORMED AT ARMS LENGTH

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		15,141,102	FAIR VALUE
6	Cars and other vehicles	X	99	62,887	FAIR VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

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

Part II **Supplemental Information.**

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

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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 990-EZ 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.

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990, IN DRAFT VERSION, IS PRESENTED TO THE AUDIT COMMITTEE. ANY CHANGES SUGGESTED BY THE AUDIT COMMITTEE ARE MADE AND THE APPROVED VERSION IS PROVIDED TO EACH BOARD MEMBER PRIOR TO 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 THE 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 VOTES WHEN APPROPRIATE ANY CONFLICTS OF INTEREST ARE DISCLOSED AND DISCUSSED BY THE AUDIT COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN 2015, THE COMPENSATION COMMITTEE AGAIN ENGAGED A WELL-QUALIFIED HR CONSULTING FIRM TO CONDUCT A COMPENSATION SURVEY FOR EACH EXECUTIVE POSITION THE FIRM IS ENGAGED TO CONDUCT THE SURVEY EVERY THREE YEARS THE RESULTS FROM THAT SURVEY, ADJUSTED FOR INFLATION, WERE USED TO ENSURE COMPENSATION WAS IN LINE WITH THE SURVEY AND THE ORGANIZATION'S COMPENSATION PHILOSOPHY THE COMPENSATION COMMITTEE IS SOLELY RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THE CHIEF EXECUTIVE OFFICER RECOMMENDS SALARY AND BONUS LEVELS 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 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, WINSTON-SALEM, 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, REGARDLESS 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 PEOPLE WITH BARRIERS TO EMPLOYMENT TO FIND JOBS AND BECOME MORE SELF-SUFFICIENT GOODWILL IS MANY THINGS WE ARE A DONOR-DRIVEN AGENCY WE ARE A SOCIAL ENTREPRENEUR WE ARE A MAJOR RECYCLER OF TEXTILES, ELECTRONICS, AND OTHER MATERIALS BUT MOST IMPORTANTLY, WE ARE A LEADER IN WORKFORCE DEVELOPMENT SERVICES THROUGH CLASSES, TRAINING, AND WORK EXPERIENCE OFFERED AT OUR VARIOUS LOCATIONS, PEOPLE DEVELOP THE MARKETABLE SKILLS THEY NEED TO OBTAIN AND MAINTAIN MEANINGFUL EMPLOYMENT MISSION ------- GOODWILL CREATES OPPORTUNITIES FOR PEOPLE TO ENHANCE THEIR LIVES THROUGH TRAINING, WORKFORCE DEVELOPMENT SERVICES AND COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS HISTORY ------- GOODWILL WAS FOUNDED IN 1926 BY CENTENARY UNITED METHODIST CHURCH IN WINSTON-SALEM TO PROVIDE A MEANS OF EMPLOYMENT FOR THE COMMUNITY'S RESIDENTS WITH DISABILITIES CLOTHING AND OTHER ITEMS WERE GATHERED FROM COMMUNITY MEMBERS AND THEN REPAIRED AND SOLD BY CITIZENS WITH DISABILITIES OVER TIME, GOODWILL EXPANDED ITS MISSION TO INCLUDE INDIVIDUALS WITH SOCIOECONOMIC BARRIERS TO EMPLOYMENT THE PHILOSOPHY OF "A HAND UP, NOT A HAND OUT" WAS THE IMPETUS FOR THE FOUNDING OF GOODWILL AND THE ORGANIZATION REMAINS COMMITTED TO THAT CONCEPT TODAY ---------- PROGRAM SERVICES ---------- GOODWILL IS A COMMUNITY-BASED ORGANIZATION OPEN TO SERVING ALL INDIVIDUALS SEEKING JOB TRAINING AND EDUCATION THE ORGANIZATION PROVIDES A WIDE RANGE OF TRAINING, PLACEMENT AND WORKFORCE DEVELOPMENT SERVICES TO HELP PEOPLE DEVELOP THE SKILLS THEY NEED TO FIND JOBS AND BECOME MORE INDEPENDENT THE PEOPLE GOODWILL SERVES COME FROM A BROAD RANGE OF BACKGROUNDS AND SITUATIONS MANY PEOPLE ARE UNEMPLOYED OR UNDEREMPLOYED, WHILE OTHERS ARE SIMPLY WISHING TO GAIN ADDITIONAL TRAINING TO MOVE UP IN THEIR CURRENT INDUSTRY OR COMPANY GOODWILL SERVES PEOPLE WITH PHYSICAL AND/OR DEVELOPMENTAL DISABILITIES AND ALSO THOSE WITH DIFFERENT BARRIERS TO EMPLOYMENT INCLUDING LACK OF EDUCATION OR WORK HISTORY, CRIMINAL RECORD, NEED FOR SKILLS ADAPTION OR NEW SKILLS, DISADVANTAGED YOUTH, YOUTH AGING OUT OF FOSTER CARE, OR ANY NEED THAT CAN BE ADDRESSED TO BRIDGE PEOPLE TO MEANINGFUL EMPLOYMENT WORKFORCE DEVELOPMENT SERVICES ---------- GOODWILL'S WORKFORCE DEVELOPMENT PROGRAMS OFFER A WIDE RANGE OF TRAINING TO HELP PEOPLE DEVELOP THE SKILLS THEY NEED TO FIND JOBS AND BECOME MORE INDEPENDENT SERVICES INCLUDE > CAREER CONNECTIONS OFFERS FREE, PERSONALIZED SERVICES TO ASSIST JOB SEEKERS INCLUDING RESUME-WRITING ASSISTANCE, SKILLS ASSESSMENT, CAREER COUNSELING, ACCESS TO COMPUTERS AND HIGH-SPEED INTERNET, AND HELP WITH INTERVIEWING SKILLS AND PLACEMENT SERVICES > PROJECT RE-ENTRY PROVIDES TRANSITION SERVICES FOR EX-OFFENDERS RETURNING TO THE COMMUNITY AFTER SERVING ACTIVE PRISON SENTENCES PROJECT RE-ENTRY WORKS THROUGH A SYSTEM OF PRE- AND POST-RELEASE SERVICES THAT BEGIN WITH INMATES UP TO EIGHTEEN MONTHS PRIOR TO RELEASE LONG-TERM SERVICES CONTINUE AFTER THE INMATES ARE RELEASED GOODWILL PARTNERS WITH VARIOUS AGENCIES AS WELL AS THE DEPARTMENT OF CORRECTION TO OFFER EMPLOYMENT AND TRAINING SERVICES THAT HELP EX-OFFENDERS FIND JOBS AND BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY > EMPLOYMENT SERVICES GOODWILL'S ULTIMATE GOAL IS FOR PEOPLE TO OBTAIN AND MAINTAIN MEANINGFUL EMPLOYMENT OUR EMPLOYMENT SERVICES DEPARTMENT PLACES TRAINED PARTICIPANTS IN COMPETITIVE EMPLOYMENT AND, IN DOING SO, GIVES LOCAL BUSINESSES ACCESS TO DEPENDABLE EMPLOYEES WHO ARE WELL TRAINED AND WILLING TO LEARN GOODWILL OFFERS INDIVIDUALS AN OPPORTUNITY TO PERFECT THEIR JOB SKILLS PRIOR TO EMPLOYMENT THROUGH A WIDE RANGE OF ACTIVITIES DESIGNED TO OFFER "REAL-LIFE" EXPERIENCE INCLUDING JOB COACHING, MOCK INTERVIEWS, INTERNSHIPS AND RESUME, APPLICATION AND JOB SEARCH ASSISTANCE > SKILLS TRAINING GOODWILL OFFERS A VARIETY OF SKILLS TRAINING CLASSES IN PARTNERSHIP WITH AREA COMMUNITY COLLEGES THESE CLASSES OFFER THE SKILLS NECESSARY FOR JOBS IN SPECIFIC FIELDS SUCH AS HEALTHCARE, SKILLED TRADES, OFFICE TECHNOLOGY AND SERVICE INDUSTRIES > YOUTH IN TRANSITION GOODWILL IS THE LEAD AGENCY FOR THE YOUTH IN TRANSITION INITIATIVE, A COMPREHENSIVE COMMUNITY PLAN DESIGNED FOR YOUTH TRANSITIONING OUT OF FOSTER CARE THE INITIATIVE REPRESENTS DIVERSE FORSYTH COUNTY INDIVIDUALS, ORGANIZATIONS, AND A YOUTH LEADERSHIP BOARD, COMPRISED OF PREVIOUS AND CURRENT FOSTER YOUTH, WHO WORKED TOGETHER TO RESEARCH EXISTING PROGRAMS, IDENTIFY SERVICE GAPS, AND BRING TOGETHER BENEFICIAL SERVICES THE INITIATIVE WILL PROVIDE INDIVIDUALIZED SUPPORT IN AREAS INCLUDING FINANCIAL LITERACY, INDIVIDUAL DEVELOPMENT ACCOUNTS, HOUSING, EDUCATION, AND MENTORING > YOUTH INTERVENTION WORKING WITH YOUNG ADULTS ON AN INDIVIDUALIZED BASIS TO OFFER VOCATIONAL, EDUCATIONAL, LIFE SKILLS, AND FAMILY SUPPORT NEEDED TO SUCCESSFULLY TRANSITION FROM OR MINIMIZE THE INFLUENCE OF GANG LIFE OUTCOMES -------- > IN 2015, GOODWILL SERVED 33,120 PEOPLE IN ITS EMPLOYMENT AND TRAINING PROGRAMS AND PLACED 4,660 PEOPLE INTO COMPETITIVE EMPLOYMENT RETAIL OPERATIONS ---------- GOODWILL OPERATES 44 RETAIL STORES AND 3 OUTLET STORES DONATIONS FROM THE COMMUNITY OF CLOTHING, HOUSEHOLD ITEMS, TOYS, SHOES, FURNITURE AND ELECTRONICS ARE SORTED AND SOLD IN THE STORES TO UNDERWRITE GOODWILL'S EMPLOYMENT AND TRAINING PROGRAMS THE MISSION OF GOODWILL IS AT THE CORE OF ALL THAT RETAIL EMPLOYEES DO ALL STAFF UNDERSTAND THEIR ROLE IN MENTORING AND COACHING CLIENTS ASSIGNED TO RETAIL STORES FOR SERVICES RETAIL OPERATIONS ALSO OFFER MANY WORKFORCE DEVELOPMENT OPPORTUNITIES INCLUDING > OFFERING WORKFORCE DEVELOPMENT TRAINING FOR GOODWILL CLIENTS (E G YOUTH INTERVENTION, ADULT DAY VOCATIONAL PROGRAM, AND SUPPORTED EMPLOYMENT) > PROVIDING CLASSROOM SPACE FOR SKILLS TRAINING PROGRAMS IN PARTNERSHIP WITH COMMUNITY COLLEGES (E G CALDWELL COMMUNITY COLLEGE AND TECHNICAL INSTITUTE, FORSYTH TECHNICAL COMMUNITY COLLEGE, ROWAN COUNTY COMMUNITY COLLEGE, MITCHELL COMMUNITY COLLEGE) > OFFERING SERVICE OPPORTUNITIES FOR THE COURT AND PUBLIC SCHOOL SYSTEMS IN NORTHWEST NORTH CAROLINA (E G THOMASVILLE ALTERNATIVE TO SUSPENDING CHILDREN, HIGH SCHOOL OCCUPATIONAL COURSE OF STUDY PROGRAM) CONTRACT SERVICES ---------- GOODWILL'S CONTRACT SERVICES DIVISION OPERATES AS A PROFESSIONAL OUTSOURCE FOR MANUFACTURERS AND BUSINESSES BY PROVIDING FULFILLMENT OF SPECIFIC CONTRACT WORK OFFERING COST-EFFECTIVE SOLUTIONS TO SPACE AND LABOR ISSUES, GOODWILL ENABLES ITS CUSTOMERS TO OUTSOURCE ENTIRE PROCESSES OR ONE-TIME PROJECTS SO THEY CAN FOCUS ON THEIR CORE BUSINESS COMPETENCIES GOODWILL CONTRACTS WITH NUMEROUS CUSTOMERS RANGING FROM SMALL LOCAL OPERATIONS TO FORTUNE 500 COMPANIES AND OFFERS A WIDE RANGE OF CAPABILITIES INCLUDING PACKAGING, ASSEMBLY AND SUBASSEMBLY, SORTING, SEWING, RETURNS PROCESSING, RECYCLING, FULFILLMENT AND COLLATING

Return Reference	Explanation
FORM 990, PAGE 2, LINES 4A, 4B, AND 4C	STRATEGIC PARTNERSHIPS ---------- GOODWILL MAINTAINS NUMEROUS PARTNERSHIPS AND CONSIDERS THESE PARTNERSHIPS VITAL TO ITS SUCCESS THE PARTNERSHIPS WITH COMMUNITY-BASED ORGANIZATIONS INCLUDE DEPARTMENTS OF SOCIAL SERVICES, NC DIVISION OF VOCATIONAL REHABILITATION, DIVISION OF MENTAL HEALTH SERVICES, COMMUNITY COLLEGES, LOCAL WORKFORCE INVESTMENT BOARDS, UNITED WAY, FINANCIAL PATHWAYS, EXPERIMENT IN SELF-RELIANCE, FAMILY SERVICES WAYS TO WORK, AND THE HOUSING AUTHORITY OF WINSTON-SALEM THROUGH THESE PARTNERSHIPS, GOODWILL PROVIDES SERVICES ACROSS OUR REGION EXAMPLES INCLUDE THE SHORT TERM SKILLS TRAINING PROGRAMS, PROVIDING SITES FOR VITA (VOLUNTEER INCOME TAX ASSISTANCE) CLINICS, PROVIDING JOINT SERVICES FOR SPECIFIC POPULATIONS, EXCHANGE OF ON-SITE SERVICES BETWEEN AGENCIES, AND LEVERAGING RESOURCES INCLUDING PARTNERING WITH MISSION-SIMILAR AGENCIES IN GRANT FUNDED PROJECTS SPECIFIC EXAMPLES OF STRATEGIC COLLABORATIONS INCLUDE > PROSPERITY CENTER THE CAREER CONNECTIONS & PROSPERITY CENTER, A UNITED WAY "BREAKTHROUGH INITIATIVE" LED BY GOODWILL IN PARTNERSHIP WITH FINANCIAL PATHWAYS AND UNITED WAY OF FORSYTH COUNTY, HELPS FAMILIES AND INDIVIDUALS MOVE TOWARD GREATER ECONOMIC STABILITY, HIGHER EARNINGS AND HOME OWNERSHIP > COMMUNITY COLLEGES PARTNERING WITH COMMUNITY COLLEGES ENABLES GOODWILL TO PROVIDE SKILLS TRAINING PROGRAMS IN A VARIETY OF FIELDS WHILE LEVERAGING RESOURCES OF THE COLLEGES TO INCREASE OUR IMPACT TRAINING PROGRAMS INCLUDE SKILLED TRADES (MASONRY, HVAC, ELECTRICAL, SOFT CONSTRUCTION SKILLS, PLUMBING, WELDING, FORKLIFT), OFFICE TECHNOLOGY (MICROSOFT OFFICE APPLICATIONS, DATA ENTRY), HEALTHCARE (CERTIFIED NURSING, PHLEBOTOMY, PHARMACY TECHNICIAN, MEDICAL TERMINOLOGY AND CODING, ELECTRONIC MEDICAL RECORDS), HOUSEKEEPING, CUSTOMER SERVICE, ACCESS CENTER ADULT HIGH SCHOOL IN COLLABORATION WITH FORSYTH TECHNICAL COMMUNITY COLLEGE, GED, ESL (ENGLISH AS A SECOND LANGUAGE) > TRIAD COMMUNITY KITCHEN OFFERED IN COLLABORATION WITH THE SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA PROVIDES INSTRUCTION AND CERTIFICATION IN SERVSAFE SANITATION, BASIC CULINARY SKILLS, KNIFE SKILLS, KITCHEN SAFETY, MASS FOOD PRODUCTION AND "COOK CHILL" TECHNOLOGY HANDS-ON TRAINING EXPERIENCE, A ONE-WEEK INTERNSHIP, AND JOB PLACEMENT ASSISTANCE ARE INCLUDED IN THIS 240 HOUR CURRICULUM GRADUATES OF THIS PROGRAM ARE PREPARED TO SEEK EMPLOYMENT IN THE FOOD SERVICE AND HOSPITALITY INDUSTRIES > COMMERCIAL DRIVER'S LICENSE/PROFESSIONAL TRUCK DRIVER TRAINING A PROFESSIONALLY COLLABORATIVE FOUR-WEEK PROGRAM FOR INDIVIDUALS TO OBTAIN A CLASS A COMMERCIAL DRIVER'S LICENSE AND BE QUALIFIED TO OBTAIN EMPLOYMENT AS AN ENTRY-LEVEL PROFESSIONAL DRIVER WITHIN THE TRANSPORTATION INDUSTRY > CROSBY COMMUNITY PARTNERSHIPS IN FORSYTH, IREDELL AND ROWAN COUNTIES ARE STRATEGIC ALLIANCES AIMED AT PROVIDING VALUABLE RESOURCES FOR STUDENTS IN THE PURSUIT OF HIGHER EDUCATION ---------- DELL RECONNECT TECHNOLOGY RECYCLING WITH GOODWILL ---------- GOODWILL PARTNERS WITH COMPUTER MANUFACTURER DELL IN PROJECT RECONNECT, A COMPREHENSIVE ELECTRONICS RECOVERY, REUSE AND ENVIRONMENTALLY RESPONSIBLE RECYCLING PROGRAM FOR CONSUMERS SINCE 2004, RECONNECT HAS DIVERTED 427 MILLION POUNDS OF COMPUTER EQUIPMENT FROM LANDFILLS ACROSS THE U S SAVING LOCAL GOVERNMENTS SIGNIFICANT DOLLARS AND MITIGATING HAZARDOUS WASTE ISSUES THE RECONNECT COLLABORATION WORKS BECAUSE IT PAIRS THE STRENGTHS OF BOTH ORGANIZATIONS GOODWILL HAS AN ESTABLISHED NETWORK OF DONATION LOCATIONS AND NEARLY A CENTURY OF EXPERIENCE WITH DONATED GOODS DELL IS COMMITTED TO RESPONSIBLE CONSUMER RECYCLING PROGRAMS THE SYNERGY CREATES A FREE AND CONVENIENT WAY FOR PEOPLE TO RECYCLE UNWANTED COMPUTERS AND INCREASES AWARENESS OF THE IMPORTANCE OF RESPONSIBLE RECYCLING IT KEEPS THESE ELECTRONIC ITEMS OUT OF LANDFILLS, THUS REDUCING THE BURDEN ON LOCAL COMMUNITY GOVERNMENTS IN ADDITION, RECONNECT CREATES "GREEN JOBS" WITH GOODWILL EMPLOYEES HANDLING THE COLLECTION AND SORTING OF EQUIPMENT ---------- CARF ACCREDITATION ---------- SINCE 1972, GOODWILL'S PROGRAMS HAVE BEEN ACCREDITED BY THE INTERNATIONAL COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) EVERY THREE YEARS CARF IS AN INDEPENDENT NOT-FOR-PROFIT AGENCY PROMOTING QUALITY, VALUE, AND OPTIMAL OUTCOMES OF SERVICES THROUGH A CONSULTATIVE PROCESS THAT CENTERS ON ENHANCING THE LIVES OF THE PERSONS RECEIVING SERVICES OUR CARF ACCREDITATION ENSURES THAT > OUR PROGRAMS AND SERVICES ACTIVELY INVOLVE CONSUMERS IN SELECTING, PLANNING, AND USING SERVICES > OUR PROGRAMS AND SERVICES HAVE MET CONSUMER-FOCUSED, STATE-OF-THE-ART NATIONAL STANDARDS OF PERFORMANCE > OUR ORGANIZATION IS FOCUSED ON ASSISTING EACH CONSUMER IN ACHIEVING HIS OR HER CHOSEN GOALS AND OUTCOMES IN OUR MOST RECENT CARF ACCREDITATION SURVEY, CONDUCTED IN 2014, GOODWILL WAS COMMENDED FOR DEMONSTRATING EXEMPLARY CONFORMANCE TO THE STANDARDS AS DOCUMENTED IN THE SURVEY REPORT > THE ORGANIZATION HAS A MISSION STATEMENT THAT EMPHASIZES PARTNERSHIPS AND COLLABORATION WITH OTHER COMMUNITY AGENCIES ITS EMPHASIS ON VARIOUS COMMUNITY PARTNERSHIPS IS EXCEPTIONAL COOPERATIVE EFFORTS WITH THE COMMUNITY COLLEGES ARE EVIDENT ADDITIONAL EXAMPLES INCLUDE CRISIS CONTROL MINISTRY AND THE CROSBY SCHOLARS COMMUNITY PARTNERSHIP THESE PARTNERSHIPS HAVE BEEN INITIATED IN ORDER TO ENHANCE THE LIVES OF THE PEOPLE SERVED BY GOODWILL AND TO PROVIDE ADDITIONAL OPPORTUNITIES FOR COLLABORATIVE EFFORTS > THE BUSINESS ADVISORY MODEL ADOPTED BY THIS GOODWILL APPEARS TO BE INVOLVED, UNIQUE, AND EXCEPTIONALLY SUCCESSFUL BUSINESS ADVISORY COUNCILS ARE TRADITIONALLY DIFFICULT TO FORM, CULTIVATE AND ENGAGE GOODWILL HAS DEVELOPED EXCEPTIONAL COUNCILS, SOME OF WHICH HAVE BEEN FORMED ALONG INDUSTRY LINES SUCH AS OFFICE TECHNOLOGY, HEALTH SERVICES, AND SERVICE INDUSTRY THAT PROMOTE RELATIONSHIP BUILDING THROUGHOUT THE RESPECTIVE COMMUNITIES THESE RELATIONSHIPS ALLOW ACCESS TO INFORMATION REGARDING EMPLOYMENT OPPORTUNITIES THAT CAN THEN BE EFFECTIVELY USED TO RAISE POTENTIAL EARNING LEVELS FOR INDIVIDUALS WHILE MEETING COMMUNITY NEEDS THE ACTIVE, ENERGETIC BUSINESS ADVISORY COUNCILS ARE INSTRUMENTAL IN ENHANCING EMPLOYMENT SERVICES OFFERED THE KNOWLEDGE AND EXPERTISE THE COMMUNITY LEADERS BRING TO THE COUNCILS NOT ONLY STRENGTHEN THE QUALITY OF SERVICES, BUT ALSO PROVIDE AN EXTENSIVE NETWORK LEADING TO ADDITIONAL JOB OPPORTUNITIES FOR PERSONS SERVED GOODWILL WAS ALSO COMMENDED BY CARF FOR ITS STRENGTH IN HAVING "A BOARD OF DIRECTORS THAT IS DEDICATED, DIVERSE, AND ENGAGED THROUGH AN ACTIVE COMMITTEE STRUCTURE PARTICIPATION 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 THEIR RESPECTIVE BOARD COMMITTEE(S) " ---------- ENVIRONMENTAL IMPACT ---------- GOODWILL OFFERS DONORS A WAY TO DISPOSE OF THEIR UNWANTED ITEMS WHILE HELPING THEIR COMMUNITY AND THE ENVIRONMENT IN 2015, OVER 40 MILLION POUNDS OF UNWANTED ITEMS WERE RECYCLED AS A RESULT OF GOODWILL'S RETAIL OPERATIONS THROUGH EFFICIENT AND RESPONSIBLE PROCESSING, 100% OF POST-CONSUMER ELECTRONICS AND 99% OF DONATED TEXTILES ARE SOLD OR RECYCLED THESE AMOUNTS GREATLY REDUCE THE COST BURDEN ON LOCAL GOVERNMENTS IN 2008, GOODWILL OPENED ITS WHITAKER REGIONAL OPERATIONS CENTER IN WINSTON-SALEM THIS FACILITY WAS DESIGNED TO THE US GREEN BUILDING COUNCIL'S STRINGENT LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) STANDARDS AND RECENTLY BECAME LEED CERTIFIED LEED CERTIFICATION IS THE NATIONAL BENCHMARK FOR HIGH PERFORMANCE GREEN BUILDINGS THROUGHOUT THE PLANNING AND DESIGNING OF THE CENTER, GOODWILL'S GOALS WERE TO REDUCE ITS PULL ON LOCAL RESOURCES THROUGH REDUCED ENERGY AND WATER CONSUMPTION, TO IMPROVE THE FACILITY FOR THE WORKER AND CUSTOMER AND TO REDUCE THE ORGANIZATION'S AFFECT ON THE ENVIRONMENT SINCE THE COMPLETION OF THE REGIONAL OPERATIONS CENTER, GOODWILL HAS BUILT SIX ADDITIONAL FACILITIES TO LEED STANDARDS GOODWILL HAS BEEN IN THE RECYCLING BUSINESS FOR NEARLY 100 YEARS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOODWILL INDUSTRIES OF NORTHWEST NORTH CAROLINA INC

Employer identification number
56-0588474

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

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)NORTHWEST NORTH CAROLINA COMMUNITY FOUNDATION 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 20-3536704	PROVIDE FINANCIAL SUPPORT TO GOODWILL OF NORTHWEST NORTH CAROLINA, INC	NC	501(C)(3)	LINE 11D, III-O	N/A		No
(2)FORSYTH COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 31-1523230	PREPARING PUBLIC SCHOOL STUDENTS FOR SUCCESSFUL COLLEGE ENROLLMENT	NC	501(C)(3)	LINE 7	GOODWILL INDUSTRIES OF NWNC INC	Yes	
(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	
(4)IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP 2701 UNIVERSITY PARKWAY WINSTONSALEM, NC 27105 47-4195074	PREPARING PUBLIC SCHOOL STUDENTS FOR SUCCESSFUL COLLEGE ENROLLMENT	NC	501(C)(3)	LINE 7	GOODWILL INDUSTRIES OF NWNC INC	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	FORSYTH COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	B	562,500	CASH
(1)	FORSYTH COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	N	37,075	FAIR VALUE
(2)	FORSYTH COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	O	9,739	FAIR VALUE
(3)	ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	B	30,000	CASH
(4)	ROWAN COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	L	264,428	FAIR VALUE
(5)	IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	B	25,000	CASH
(6)	IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	L	154,300	FAIR VALUE
(7)	IREDELL COUNTY CROSBY SCHOLARS COMMUNITY PARTNERSHIP	N	3,211	FAIR VALUE