

			EXTENDED TO MAY 16, 2		_							
	0	90	Return of Organization Exempt F			OMB No. 1545-0047						
For	m 👅	50	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ZUZU						
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-	•	Open to Public						
		enue Service	■ Go to www.irs.gov/Form990 for instructions and ar year, or tax year beginning JUL 1, 2020 and o		UN 30, 2021	Inspection						
	Check if		f organization	enang U	D Employer identificat	tion number						
D G	pplicat		WILL INDUSTRIES OF UPSTATE/MIDLAND	S	D Employer identificat	uon number						
Γ_	Addr		H CAROLINA, INC.	~								
	Name change Doing business as 57-0564001											
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number												
	Final retur	v <u>115</u>	HAYWOOD RD		864-351-01	L04						
	termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	94,171,600.						
	Amer	n Gree	NVILLE, SC 29607		H(a) Is this a group retu	rn						
	Appli tion pend	F Name a	nd address of principal officer: PATRICK MICHAELS		for subordinates?	Yes X No						
		SAME	AS C ABOVE		H(b) Are all subordinates inclu							
		empt status:		or 527	If "No," attach a lis							
		· · · · · · · · · · · · · · · · · · ·	GOODWILLSC.ORG		H(c) Group exemption r							
	orm o	f organization:	X Corporation Trust Association Other	L Year	of formation: 1973 M S	State of legal domicile: SC						
	T			רססווס	CENCY BUDOLOU	F						
e e	1		e the organization's mission or most significant activities: <u>SELF</u> ENT: JOB SEARCH ASSISTANCE, JOB TRA									
Jan	2	Check this bo										
Governance	3					s. 21						
ĝ	4			21								
రం బ	5		5	1959								
Activities &	6			0								
ctiv	7 a	Total unrelated	of volunteers (estimate if necessary)		7a	0.						
4			business taxable income from Form 990-T, Part I, line 11			0.						
-					Prior Year	Current Year						
Ð	8	Contributions	and grants (Part VIII, line 1h)		27,537,122.	41,842,367.						
hue	9	-	ce revenue (Part VIII, line 2g)		9,482,906.	10,329,156.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		92,792.	21,281.						
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,384,918.	10,099,265.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,497,738.	62,292,069.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	······	588,653.	<u> 659,961.</u>						
	14		o or for members (Part IX, column (A), line 4)		0.	0.						
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10) Indraising fees (Part IX, column (A), line 11e)		252,633.	30,734,775. 271,422.						
Expens	noa b		ng expenses (Part IX, column (A), line 11e)	22	232,033.	<u> </u>						
Ä	17				14,416,821.	14,172,753.						
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,509,800.	45,838,911.						
	19		expenses. Subtract line 18 from line 12	·····	-12,062.	16,453,158.						
or				Be	ginning of Current Year	End of Year						
Net Assets or -und Balances	20	Total assets (F	Part X, line 16)		79,804,524.	95,333,178.						
Ass	21		(Part X, line 26)		13,933,147.	13,008,643.						
- All and a second s			und balances. Subtract line 21 from line 20		65,871,377.	82,324,535.						
L	rt II	Signature		-								
			declare that I have examined this return, including accompanying schedules			owledge and belief, it is						
true,	corre	ct, and complete,	Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.							

Sign Here	Signature of officer PATRICK MICHAELS, CEO Type or print name and title	J. Robinson VP of FA	, 30 Nov 2(James Date 11/32/21							
Dald	Print/Type preparer's name AMY BIBBY	Preparer's signature								
Paid	AMI DIDDI	AMY BIBBY	11/30/21 self-employed P00445891							
Preparer		DMAN LLP	Firm's EIN ▶ 56-0747981							
Use Only	Firm's address 500 RIDGEFIELD C	OURT								
	ASHEVILLE, NC 28	806	Phone no. (828) 254-2254							
May the I	May the IRS discuss this return with the preparer shown above? See instructions									

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	t 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 INDUSTRIES OF UPSTATE/MIDLANDS SC (GIUMSC) HELPS PEOPLE
	BECOME INDEPENDENT THROUGH EDUCATION AND TRAINING LEADING TO
	EMPLOYMENT. WE SERVE 16 COUNTIES IN THE UPSTATE AND MIDLANDS OF SOUTH
	CAROLINA.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	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.
4	
	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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 33,990,292. including grants of \$) (Revenue \$ 15,412,059.
4a	(Code:) (Expenses \$33,990,292. including grants of \$) (Revenue \$
	AT OUR RETAIL STORES). SALES FROM OUR RETAIL STORES ARE THE PRIMARY
	SOURCE OF INCOME FOR GIUMSC (GROSS SALES \$47,294,245), ENABLING US TO
	PROVIDE EDUCATION AND TRAINING SERVICES FOR PEOPLE IN THE COMMUNITY WE
	SERVE AND TO PLACE 7,680 PEOPLE INTO EMPLOYMENT DURING THE 2020-2021 FISCAL YEAR. OUR RETAIL STORES A L S O PLAY A KEY ROLE IN OUR MISSION
	AS TRAINING SITES FOR INDIVIDUALS IN GIUMSC'S TRAINING PROGRAM AND BY
	OFFERING LONG-TERM EMPLOYMENT OPPORTUNITIES FOR 734 INDIVIDUALS WITH
	BARRIERS TO EMPLOYMENT. THESE ORGANIZATIONAL EMPLOYMENT SERVICES (OES)
	INCLUDE HEALTH AND RETIREMENT BENEFITS, PERSONAL AND PROFESSIONAL
	DEVELOPMENT OPPORTUNITIES AND POTENTIAL FOR CAREER ADVANCEMENT.
	ADDITIONALLY, GIUMSC SERVED 1,370,487 DONORS, RESULTING IN THE REUSE,
4b	(Code:) (Expenses \$ 7,326,931. including grants of \$ 659,961.) (Revenue \$ 3,936,414.
	IN 2020/2021, CAREER DEVELOPMENT SERVICES (CDS) PROVIDED SERVICES TO
	11,461 INDIVIDUALS IN OUR 16-COUNTY SERVICE AREA THROUGH OUR JOB
	TRAINING AND PLACEMENT PROGRAMS. OUR 27 GOODWILL JOB CONNECTIONS
	CONTINUED TO PROVIDE SERVICES THROUGHOUT THE PANDEMIC, INCLUDING RESUME
	DEVELOPMENT WORKSHOPS, JOB SEARCH AND PLACEMENT ASSISTANCE, COMPUTER TRAINING WORKSHOPS, REFERRALS TO OTHER AGENCY RESOURCES, JOB
	DEVELOPMENT WITH AREA EMPLOYERS, POSTING OF JOB FAIRS AND RECRUITMENT
	OPPORTUNITIES, JOB CANDIDATE PRESCREENING FOR EMPLOYERS, CRIMINAL
	BACKGROUND CHECKS AND REFERRALS TO GOODWILL TRAINING PROGRAMS. GIUMSC
	ALSO OFFERED SIX INDUSTRY-SPECIFIC, CERTIFICATED TRAINING PROGRAMS TO
	JOB SEEKERS: CNA, CDL, DIGITAL SKILLS, FORKLIFT, FOOD SERVICE, AND
	RETAIL. EACH OF THE 11,461 PEOPLE SERVED PARTICIPATED IN AT LEAST ONE
4c	
	BUSINESS SERVICES GENERATES REVENUE TO SUPPORT OUR MISSION SERVICES AND
	PROVIDES LONG-TERM EMPLOYMENT OPPORTUNITIES FOR GOODWILL ASSOCIATES,
	INCLUDING HEALTH AND RETIREMENT BENEFITS, PERSONAL AND PROFESSIONAL
	DEVELOPMENT OPPORTUNITIES AND POTENTIAL FOR CAREER ADVANCEMENT.
	BUSINESS SERVICES HAS SEVERAL BUSINESS AREAS, INCLUDING: JANITORIAL AND
	WINDOW CLEANING SERVICES, SUB-ASSEMBLY, FOOD SERVICE, AND HOME HEALTH
	CARE. BUSINESS SERVICES EMPLOYED 16 PEOPLE LAST YEAR. SERVICES PROVIDED
	INCLUDE INSPECTIONS, FULFILLMENT, AND PACKAGING FOR CLIENTS; CLEANING
	SERVICES FOR BUSINESSES, MUNICIPAL, COUNTY AND STATE GOVERNMENTS; AND
	IN-HOME HEALTHCARE AND CAREGIVING FOR INDIVIDUALS. ADDITIONAL CLEANING
	AND SANITIZATION SERVICES WERE PROVIDED FOR GOODWILL LOCATIONS AND
	OTHER BUSINESSES DURING THE COVID-19 PANDEMIC.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 42,656,391.
40	
te	Form 990 (202

Part IV Checklist of Required Schedules 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 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 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 3 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 II 5 6 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 8 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?	F	age 3
If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 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 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 II 5 Id 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 If the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Id 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 A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 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 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 II 5 Id 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 If the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Id 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?	Yes	No
 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> 8 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? 	v	
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> 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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> 8 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? 	X X	<u> </u>
public office? /f "Yes," complete Schedule C, Part I 3 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? /f "Yes," complete Schedule C, Part II 4 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? /f "Yes," complete Schedule C, Part III 5 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? /f "Yes," complete Schedule D, Part I 6 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? /f "Yes," complete Schedule D, Part II 7 8 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? 8		<u> </u>
 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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>		x
during the tax year? If "Yes," complete Schedule C, Part II 4 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 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 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 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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?		
 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>		x
 similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>		
 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? <i>If "Yes," complete Schedule D, Part I</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		x
 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>		
 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 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? 8		<u> </u>
 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III 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? 		x
Schedule D, Part III 8 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?		<u> </u>
 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? 		x
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		x
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		
or in quasi endowments? If "Yes," complete Schedule D, Part V		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		
as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		
Part VI	Х	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		
Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year?		
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13		X X
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a		
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	1	
or more? If "Yes," complete Schedule F, Parts I and IV		X
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		x
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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		x
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 		
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	х	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>
1c and 8a? If "Yes," complete Schedule G, Part II	x	
 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 	1	<u> </u>
complete Schedule G, Part III	1	x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	1	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	1	<u> </u>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	х	
032003 12-23-20 Forr		(2020)

5

11431130 797738 3001294220

Form	990 (2020) SOUTH CAROLINA, INC. 57-0564	1001	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
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	X	<u> </u>
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		х	
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	~	<u> </u>
24 a	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	х	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		x
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
•	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		^
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c	X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Δ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51		<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 82	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	<u> 1c</u>	X 000	
032004	12-23-20	Form	จลก	(2020)

6

032004 12-23-20

57-0564001 Ра	ige 5
---------------	-------

Form	990 (2020) SOUTH CAROLINA, INC. 57-0564	<u>001</u>	P	_{age} 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
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 1959					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for 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		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40 -				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand	44-		v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v		
	excess parachute payment(s) during the year?	15		X		
40	If "Yes," see instructions and file Form 4720, Schedule N.			v		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

57-056<u>4001 Page</u>6

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

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	1						
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		-	8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code)							
		Vondo	0000.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
			, ,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	g							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120						
•	in Schedule O how this was done	,		12c	х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	х					
h	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a							
	taxable entity during the year?			16a		x				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			Tou						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			100						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SC									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3)	s only)	availa	hle				
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330		S Offiy)	avalla	DIE				
		0								
10			,	1 finan						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		minuerest policy, and	1 11 10[1]	JIAI					
20	statements available to the public during the tax year.	ke er	tracarda							
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - $864-351-0104$	uks and								
	115 HAYWOOD RD, GREENVILLE, SC 29607									
				Ear~	990	(2020)				
J32006	12-23-20 8			FUIII	000	(2020)				
					~ ~	~ ~ ~				

Form 990 (2020)

GOODWILL	INDUSTI	RIES	OF	UPSTATE,	MIDLANDS
SOUTH CAF	ROLINA.	INC.			

	57-0564001	Page 7
--	------------	--------

1 222						
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and	d Independe	ent Contra	ctors		

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.

Form 990 (2020)

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do not check more than one					one	Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any	tor					,	from the	from related organizations	other compensation
	hours for	direct				g		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	om pe				and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PATRICK MICHAELS	50.00	드	<u>r</u>	õ	¥.	Ξъ	F			
CEO AND PRESIDENT	1.00			х				274,142.	0.	28,547.
(2) DARREN WRIGHT	40.00									
VP - OPERATIONS						x		171,979.	0.	44,536.
(3) RACHEL PUTNAM	40.00									
VP - MISSION & PEOPLE						Х		152,517.	0.	23,386.
(4) MIKE ADAMS	40.00									
VP - BUSINESS DEV . / GOV.	5.00					Х		160,202.	0.	15,151.
(5) ANTHONY BARTHELEMY	40.00									
VP - RETAIL (THROUGH SEPT. '20)						Х		133,571.	0.	15,681.
(6) ANDRETTA ROBINSON	40.00									
VP - FINANCE (BEG. JAN. '20)	1.00			Х				138,945.	0.	10,117.
(7) STEPHANIE ESTRADA	40.00									
VP - FINANCE (THROUGH JAN. '20)	1.00			Х				25,584.	0.	5,548.
(8) JENNY GONZALEZ	1.00									
CHAIR		Х		Х				0.	0.	0.
(9) MICHELE BRINN	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(10) KIM MANN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(11) JACQUI DIMAGGIO	1.00									
TREASURER		Х		Х				0.	0.	0.
(12) FRANK A. ANDERSON	1.00									<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) ROBERT BARNETT	1.00									•
BOARD MEMBER	1 00	х						0.	0.	0.
(14) RICHARD COTHRAN	1.00									•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(15) RHONDA COX	1.00									•
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(16) MICHELLE EDWARDS	1.00								<u> </u>	<u>^</u>
BOARD MEMBER	1 00	Х						0.	0.	0.
(17) LYNN FINLEY	1.00								<u> </u>	^
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

9

SOUTH CAROLINA, INC.

57-0564001 Page 8

Part VII Section A. Officers, Directors, Trust	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(-1-			itior			Reportable	Reportable		Estimate	ed
	hours per					than o is both		compensation	compensation		amount	of
	week	offic	cer an	d a di	irecto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		compensa	ation
	hours for	or dire				ted		organization	(W-2/1099-MISC	ン)	from th	ie
	related	stee o	rustee			ensa		(W-2/1099-MISC)			organizat	
	organizations	al trus	nal tr		loyee	e mp					and relat	
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				organizati	ions
	line)	Ind	lns	Off	Key	enHig	For			\rightarrow		
(18) TAMMIE GREENE	1.00											
BOARD MEMBER		Х						0.		0.		0.
(19) CHIP HUNT	1.00											
BOARD MEMBER		Х						0.		0.		0.
(20) LACRYSTAL JACKSON	1.00											
BOARD MEMBER		Х						0.		0.		0.
(21) KATHERINE PENDERGRASS	1.00											
BOARD MEMBER		х						0.		0.		Ο.
(22) SHARON RAY	1.00											
BOARD MEMBER		х						0.		0.		Ο.
(23) RONALD RHAMES	1.00											
BOARD MEMBER		х						0.		0.		0.
(24) NANCY RICE	1.00											<u> </u>
BOARD MEMBER	1.00	х						0.		0.		0.
(25) ROBBIE ROBINSON	1.00	Λ			<u> </u>	-		0.				0.
	1.00	77						0		<u> </u>		0
BOARD MEMBER	1 0 0	Х						0.		0.		0.
(26) BURKE ROYSTER	1.00									<u> </u>		•
BOARD MEMBER		Х						0.		0.	1 4 0 0	0.
1b Subtotal								1,056,940.		0.	142,9	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								1,056,940.		0.	142,9	66.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												6
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	loye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual										3	X
4 For any individual listed on line 1a, is the su										́Г		
and related organizations greater than \$150										[4 X	
5 Did any person listed on line 1a receive or a										···		
rendered to the organization? If "Yes." com	•				-					- 1	5	x
Section B. Independent Contractors		2010	<u> </u>	<u>CIT</u>	0013					<u> </u>		
1 Complete this table for your five highest cor	mpensated ind		nder	nt co	ontre	actor	re th	nat received more than \$	100 000 of compe	neat	ion from	
the organization. Report compensation for t	•	•								iisat		
(A)	ine calendar ye	ai e	nuin	iy w	iur c						(C)	
(A) Name and business	address							(B) Description of s	ervices	C	ompensatio	n
HOOD CONSTRUCTION COMPANY							_	2000				
1215 SHOP RD, PIEDMONT,	-	2						CONSTRUCTION		C	,097,8	2 5
REEVES CONSTRUCTION CO	SC 2901	5					_	CONSTRUCTION			,097,0	55.
		0.2	76							1	260 2	07
	600 SOUTPORT ROAD, ROEBUCK, SC 29376 CONSTRUCTION 1,369,207.								07.			
RIGGS PARTNERS												
750 MEETING STREET, WEST COLUMBIA, SC 29169 ADVERTISING 299,329.							<u> 29.</u>					
CERIDIAN, 3311 EAST OLD SHAKPEE RD,												
MINNEAPOLIS, MN 55425												
APEX OUTDOOR SOLUTIONS												
1105 W FAIRHILL DR, WEST COLUMBIA, SC 29170 LANDSCAPING 183,845.							<u>45.</u>					
2 Total number of independent contractors (including but not limited to those listed above) who received more than												
\$100,000 of compensation from the organiz						5						
SEE PART VII, SECTION	I A CONT	IN	UΑ	TI	ON	S	HE	ETS		1	Form 990 ((2020)

032008 12-23-20

Form 990 (2020)

 $11431130 \ 797738 \ 3001294220$

10

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

57-0564001

Form 990 SOUTH CA	ROLINA,	IN	IC.					IE/MIDIANDS	57-056	4001
									, , ,	(5)
(A) Name and title	(B) Average hours per	(cl	heck	Pos	ition		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) WINDSOR SHERRILL BOARD MEMBER	1.00	x						0.	0.	0.
(28) ELIZABETH STEIFLE BOARD MEMBER	1.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c						<u></u>				

032201 04-01-20

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any lime in this Part VIII (d)				2020) SOUTH CAROLINA	A, INC.			57-0564	001 Page 9
Image: space of the	Pa	rt ۱	VIII	Statement of Revenue					
Total revonue Pelated campaign Total revonue Dimeter Revenue Revenue<				Check if Schedule O contains a response or	r note to any line			(2)	
Bot Membership dues 10 0 b Membership dues 10 0 Covernment graft Schribulton) 14 12 0 Numeroverst graft Schribulton) 14 12 0 Numeroverst graft Schribulton) 14 12 0 Numeroverstands factors in text. Int 10 14 14 842.357. 10 Numeroverstands factors in text. Int 10 14 14.842.357. 14 10 Numeroverstands factors in text. Int 10 13 13.325.856. 10 10 Coverstands factors in text. Int 10 10 3.335.414.3 3.935.414.3 10 10 Add Inter Coverstands factors in text. Int 10 10.325.156. 10 10 11 Add Inter Statist amounts) 10.325.156. 10 10 10 12 28.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1						. ,	Related or exempt	Unrelated	Revenue excluded from tax under
Bot Membership dues 10 0 b Membership dues 10 0 Covernment graft Schribulton) 14 12 0 Numeroverst graft Schribulton) 14 12 0 Numeroverst graft Schribulton) 14 12 0 Numeroverstands factors in text. Int 10 14 14 842.357. 10 Numeroverstands factors in text. Int 10 14 14.842.357. 14 10 Numeroverstands factors in text. Int 10 13 13.325.856. 10 10 Coverstands factors in text. Int 10 10 3.335.414.3 3.935.414.3 10 10 Add Inter Coverstands factors in text. Int 10 10.325.156. 10 10 11 Add Inter Statist amounts) 10.325.156. 10 10 10 12 28.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1 21.281.1	ŝ	1	а	Federated campaigns 1a					
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	ant								
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	n G								
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	ifts r A								
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	, G								
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	Sin								
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	utio		•		41 842 367.				
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	trib Otl		~						
Busines Code S. 325, 856. 2 a VERTCLE AND SALWAGE SALES 53.330 5, 325, 856. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. CONTRACT SEVICES 51.300 3, 936, 414. 3, 936, 414. d	no:		-			41 842 367.			
2 v VERTCLE AND SALVAGE SALES 453310 5,325,956 5,325,956 1,325,956	0 0					,,,			
B GAREER DEVELOPMENT 561300 3,936,414. 3,936,414. CONTRACT SERVICES 541300 1,066,886. 1,066,886. d	•	^				5 325 856	5 325 856		
g Total. Add lines 2a/2 10,329,156 3 Investment Income (Including dividends, Interest, and other similar amounts). 21,281. 4 Income from investment of tax exempt bond proceeds 21,281. 5 Royaties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assets other than invome or (loss) > 7 a Gross amount from sales of assets other than invome or (loss) > 7 a Gross income from fundrasing events (not including S 7 7 d 7 7 7 d 7 7 8 a Gross income from fundrasing events (not including S of contributions reported on line 10. See Part IV, line 18 8a 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9 b Less: direct expenses 9b 10,086,203. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10a 5,965. </td <td>vice</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	vice	2							
g Total. Add lines 2a/2 10,329,156 3 Investment Income (Including dividends, Interest, and other similar amounts). 21,281. 4 Income from investment of tax exempt bond proceeds 21,281. 5 Royaties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assets other than invome or (loss) > 7 a Gross amount from sales of assets other than invome or (loss) > 7 a Gross income from fundrasing events (not including S 7 7 d 7 7 7 d 7 7 8 a Gross income from fundrasing events (not including S of contributions reported on line 10. See Part IV, line 18 8a 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9 b Less: direct expenses 9b 10,086,203. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10a 5,965. </td <td>Serv</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Serv		0						
g Total. Add lines 2a/2 10,329,156 3 Investment Income (Including dividends, Interest, and other similar amounts). 21,281. 4 Income from investment of tax exempt bond proceeds 21,281. 5 Royaties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assets other than invome or (loss) > 7 a Gross amount from sales of assets other than invome or (loss) > 7 a Gross income from fundrasing events (not including S 7 7 d 7 7 7 d 7 7 8 a Gross income from fundrasing events (not including S of contributions reported on line 10. See Part IV, line 18 8a 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9 b Less: direct expenses 9b 10,086,203. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10a 5,965. </td <td>m S ven</td> <td></td> <td>ט ה</td> <td></td> <td>511500</td> <td>1,000,000.</td> <td>1,000,000</td> <td></td> <td></td>	m S ven		ט ה		511500	1,000,000.	1,000,000		
g Total. Add lines 2a/2 10,329,156 3 Investment Income (Including dividends, Interest, and other similar amounts). 21,281. 4 Income from investment of tax exempt bond proceeds 21,281. 5 Royaties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assets other than invome or (loss) > 7 a Gross amount from sales of assets other than invome or (loss) > 7 a Gross income from fundrasing events (not including S 7 7 d 7 7 7 d 7 7 8 a Gross income from fundrasing events (not including S of contributions reported on line 10. See Part IV, line 18 8a 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9 b Less: direct expenses 9b 10,086,203. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10a 5,965. </td <td>gra Re</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	gra Re								
g Total. Add lines 2a/2 10,329,156 3 Investment Income (Including dividends, Interest, and other similar amounts). 21,281. 4 Income from investment of tax exempt bond proceeds 21,281. 5 Royaties 0 6 a Gross rents 6a 6 a Gross rents 6a 7 Gross amount from sales of assets other than invome or (loss) > 7 a Gross amount from sales of assets other than invome or (loss) > 7 a Gross income from fundrasing events (not including S 7 7 d 7 7 7 d 7 7 8 a Gross income from fundrasing events (not including S of contributions reported on line 10. See Part IV, line 18 8a 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9 b Less: direct expenses 9b 10,086,203. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10,086,203. 10,086,203. 9 a Gross sales of inventory. 10a 41,955,734. 10a 5,965. </td <td>Pro.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pro.								
3 investment income (including dividends, interest, and other similar amounts) 21,281. 21,281. 4 income from investment of tax-exempt bond proceeds > > 5 Royaties > > 6 a Gross rents 6 0 > b Less: rental expenses 60 > 7 a Gross aneut from sales of assets other than inventory > > > 7 a Gross aneut from sales of assets other than inventory > > > 6 a Gross mount from sales of assets other than inventory > > > > 7 a Gross income from fundraising events (not including \$ _ _ > > 8 a Gross income from fundraising events 7, 097. 7, 097. 7, 097. 9 A Gross income from gaming activities. See Part IV, line 19 Sa Sa Sa _ 9 A Gross allow of investory, less returns and allowances _ _ _ _ 10 A Income or (loss) from sales of inventory _ _ _ _ 10 a Gross	-		1			10 329 156			
other similar amounts) 21,281. 21,281. 4 income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6a 6 a Gross rents 6b 1 Less: rental expenses 6b 6 a Gross mount from sales of assets other than inventory 10 7 a Gross amount from sales of asset other than inventory 7a 7 b Less: cost or other basis and sales expenses 10 9 a Gross income from fundralsing events froct including 5 off 7 a Gross income from fundralsing events 7, 097. 9 a Gross income from gaming activities. See Part IV, line 18 8a 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 a Gross income from gaming activities. See Part IV, line 19 10, 086, 203. 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 10, 086, 203. 9 a Gross income from gaming activities. See Part IV, line 19 10, 086, 203. 10, 086, 203. 10 a Gross alse of invertory, less returns and allowances 10, 086, 203. 10, 086, 203.		2	<u>y</u>			10,525,150.			
4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Personal (ii) Personal (iii) P		3	•			21 281			21 281
5 Royatties (i) Real (ii) Personal 6 a Gross rents 6a 6b 6c b Less: rental expenses 6b 6c 6c c Rental income or (loss) (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 7b addales expenses 7b 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c d Net gain or (loss) 7c 7c d Net gain or (loss) for contributions reported on line 1c). See Patrix Part IV, line 18 Ba 7, 097. 7, 097. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 7, 097. 7, 097. 9 a Gross alaes of inventory, less returns and allowances bb bc 10a 10 a Gross sales of inventory. Ba 10, 086, 203. 10, 086, 203. 10 a Gross alaes of inventory. Ba 10, 086, 203. 10, 086, 203.			1						
6 a Gross rents 6 a b Less: renta lincome or (loss) 6 b c Rental income or (loss) 6 c d Net rental income or (loss) 0 Securities a Gross amout from sales of assets other than inventory 0 Securities b Less: cost or other basis and sales expenses 7 b c Gain or (loss) 7 c d Net gain or (loss) 0 f s Gross income from fundralsing events (not including \$ costs income from fundraising events 7 , 097. s C ross income from gaming activities 9 d b Less: direct expenses 9 d b Less: direct expenses 9 d b Less: direct expenses 9 d s A th income or (loss) from gaming activities > c Net income or (loss) from gaming activities > s A dilowances 10 a d1, 955, 734. b Less: cost of goods sold 10, 086, 203. c Net income or (loss) from sales of inve					· · · ·				
6 a Gross rents 6a 1 b Less: rental expenses 6b 6c c Rental income or (loss) 6c 1 7 a Gross amount from sales of assets other than inventory 10 10 b Less: cost or there basis and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c d Net gain or (loss) 7c 7c a Gross income from fundraising events (not including \$\sum_ord for contributions reported on line 1c). See 8a 7,097. Pat IV, line 18 8a 7,097. 7,097. b Less: direct expenses 9a 9a orsos income from gaming activities. See 9a 9a 9a gords C Net income or (loss) from gaming activities. See 10a 41,965,734. 10,086,203. 10,086,203. to N income or (loss) from sales of inventory. 10a 41,965,734. 10a 10a c Net income or (loss) from sales of inventory. 10a 10,086,203. 10a 5,965. <tr< td=""><td></td><td>5</td><td>)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>		5)						
b Less: rental expenses 6b		_							
c Rental income or (loss) Bc Image: constraint from sales of assets other than inventory b Less: cost or other basis and sales expenses (i) Securities (ii) Other c Gain or (loss) 7c Image: constraint from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba 7, 097. g Gross income from gaming activities. See Part IV, line 18 Ba 7, 097. 7, 097. g Gross sales of inventory, less returns and allowances 9a 9a 9a i) a Gross sales of inventory, less returns and allowances 10a 41, 965, 734. 000 99 5, 965. i) a MISCELLANEOUS REVENUE 900099 5, 965. 5, 965. 5, 965. ii) a MISCELLANEOUS REVENUE 900099 5, 965. 5, 965. 5, 965. ii) a MISCELLANEOUS REVENUE 900099 5, 965. 5, 965. 5, 965. iii) a MISCELLANEOUS REVENUE 5, 965. 10, 086, 203. 0, 084, 343.		0							
d Net rental income or (loss) Image: construction of the state of assets other than inventory to the state of the state o									
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7a (i) Securities (ii) Other 7a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 7 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
9000000000000000000000000000000000000		_			(ii) Othor				
B Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c e Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 7,097. b Less: direct expenses 8b 0. g Gross income from gaming activities. See Part IV, line 19 9a b Less: cirect expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a g Gross sales of inventory, less returns and allowances 10a 41,965,734. b Less: cost of goods sold 10b 31,879,531. c Net income or (loss) from sales of inventory 10,086,203. 10,086,203. c Net income or (loss) from sales of inventory 10,086,203. </td <td></td> <td>7</td> <td>а</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		7	а						
and sales expenses Tb c Gain or (loss) Tc d Net gain or (loss)									
c Gain or (loss) Tc Image: Construction of the second seco			D						
a Net gan or (loss)	nue								
a Net gan or (loss)	eve								
contributions reported on line 1c). See Ba 7,097. Part IV, line 18 Bb 0. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 7,097. 7,097. 9 a Gross income from gaming activities. See 9a 9a 9b b Less: direct expenses 9b 9b 9c c Net income or (loss) from gaming activities. See 9a 9b 9c c Net income or (loss) from gaming activities. > 0. 0. 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. 0. 0. b Less: cost of goods sold 10b 31,879,531. 0. 0. 0. c Net income or (loss) from sales of inventory 10,086,203. 10,086,203. 0. 0. 0. b Less: cs of goods sold 10b 10,086,203. 10,086,203. 0. 0. c	r B			• · · ·	····· P				
contributions reported on line 1c). See Ba 7,097. Part IV, line 18 Bb 0. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 7,097. 7,097. 9 a Gross income from gaming activities. See 9a 9a 9b b Less: direct expenses 9b 9b 9c c Net income or (loss) from gaming activities. See 9a 9b 9c c Net income or (loss) from gaming activities. > 0. 0. 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. 0. 0. b Less: cost of goods sold 10b 31,879,531. 0. 0. 0. c Net income or (loss) from sales of inventory 10,086,203. 10,086,203. 0. 0. 0. b Less: cs of goods sold 10b 10,086,203. 10,086,203. 0. 0. c	the	ð	а						
Part IV, line 18 Ba 7,097. b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 7,097. 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 7,097. b Less: direct expenses 9a 9b 7,097. 7,097. 0 a Gross sales of inventory, less returns and allowances 10a 41,965,734. 10b 31,879,531. 10 a Gross sales of inventory, less returns and allowances 10b 31,879,531. 10,086,203. 10,086,203. 11 a MISCELLANEOUS REVENUE 900099 5,965. 5,965. 5,965. c C C C C C C c C C C C C C d All other revenue 5,965. 5,965. 5,965. c C C C C C C C d All other revenue See instructions 62,292,069. 20,415,359. 0. 34,343.	0								
b Less: direct expenses Bb 0. c Net income or (loss) from fundraising events 7,097. 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities > 0 0 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. 0 0 b Less: cost of goods sold 10b 31,879,531. 10,086,203. 10,086,203. 0 c Net income or (loss) from sales of inventory > 10,086,203. 10,086,203. 0 sort Gross sales of inventory > 10,086,203. 0 0 0 c					7 097				
c Net income or (loss) from fundraising events 7,097. 7,097. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities > 0 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. b Less: cost of goods sold 10b 31,879,531. c Net income or (loss) from sales of inventory 10,086,203. 10,086,203. s MISCELLANEOUS REVENUE 900099 5,965. 5,965. c All other revenue 5,965. 20,415,359. 0. e Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.			Ŀ						
9 a Gross income from gaming activities. See 9a 9 a Gross income from gaming activities. See 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. b Less: cost of goods sold 10b 31,879,531. c Net income or (loss) from sales of inventory 10,086,203. 11 a MISCELLANEOUS REVENUE 900099 b Less: cost of diverse 900099 c All other revenue 5,965. c All other revenue 5,965. 12 Total revenue. See instructions 62,292,069. 20,415,359. 0.					· · ·	7 007			7 097
Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 10 a Gross sales of inventory, less returns and allowances 10a 41,965,734. b Less: cost of goods sold 10b 31,879,531. c Net income or (loss) from sales of inventory 10,086,203. 11 a MISCELLANEOUS REVENUE b 900099 c 5,965. d All other revenue 5,965. e 5,965. 12 Total revenue. See instructions		~			▶	7,097.			7,037.
b Less: direct expenses 9b 0 a Gross sales of inventory, less returns and allowances > </td <td></td> <td>9</td> <td>a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		9	a						
c Net income or (loss) from gaming activities Image: construction of the second o			L						
10 a Gross sales of inventory, less returns and allowances									
and allowances 10a 41,965,734. b Less: cost of goods sold 10b 31,879,531. c Net income or (loss) from sales of inventory 10,086,203. 10,086,203. 11 a MISCELLANEOUS REVENUE 900099 5,965. 5,965. b - - - c - - - d All other revenue - - e Total revenue. See instructions 5,965. - 12 Total revenue. See instructions 62,292,069. 20,415,359. 0.					₽				
b Less: cost of goods sold 10b 31,879,531. 10,086,203. 10,086,203. c Net income or (loss) from sales of inventory ▶ 10,086,203. 10,086,203. 10,086,203. source Business Code 900099 5,965. 5,965. c All other revenue 5,965. 10 e Total revenue. See instructions 5,965. 0. 34,343.		10	а		41 065 724				
c Net income or (loss) from sales of inventory ▶ 10,086,203. 10,086,203. 11 a MISCELLANEOUS REVENUE 900099 5,965. 5,965. b - - - c - - - d All other revenue - - e Total Add lines 11a-11d 5,965. - 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.									
Business Code Business Code 11 a MISCELLANEOUS REVENUE 900099 5,965. b				J		10 086 202	10 086 202		
11 a MISCELLANEOUS REVENUE 900099 5,965. 5,965. b - - - - c - - - - d All other revenue - - - e Total. Add lines 11a-11d 5,965. - - 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.			С			10,000,203.	10,000,203.		
e Total. Add lines 11a-11d 5,965. 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.	sn		-			5 965			5 965
e Total. Add lines 11a-11d 5,965. 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.	leol	11			500055	5,905.			5,905.
e Total. Add lines 11a-11d 5,965. 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.	llar /en								
e Total. Add lines 11a-11d 5,965. 12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.	sce Bev			All other revenue					
12 Total revenue. See instructions 62,292,069. 20,415,359. 0. 34,343.	Ϊ					5 965			
		40					20 415 359	0	34 343
	03000					02,252,005.	20,110,000.	· · ·	

12

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC. Part IX Statement of Functional Expenses

57-0564001 Page 10

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor		this Part IX		
	not include amounts reported on lines 6b, 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	247,911.	247,911.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	412,050.	412,050.		
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	438,671.		438,671.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,122,763.	22,724,840.	1,337,642.	60,281.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	525,269.		83,558.	1,713.
9	Other employee benefits	3,637,736.		97,051.	<u>1,713.</u> 6,763. 3,737.
10	Payroll taxes	2,010,336.	1,886,533.	120,066.	3,737.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	30,766.	14,639.	16,127.	
С	Accounting	249,869.	234,087.	15,121.	661.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	271,422.			271,422.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	580,356.	499,303.	81,053.	
12	Advertising and promotion	337,527.	325,775.	8,961.	2,791. 5,215.
13	Office expenses	4,173,517.	3,873,055.	295,247.	5,215.
14	Information technology				
15	Royalties				
16	Occupancy	3,918,742.	3,908,364.	10,378.	
17	Travel	206,072.	161,874.	43,429.	769.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	29,641.	23,282.	6,359.	
20	Interest	209,772.	205,718.	4,054.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,681,175.	2,653,441.	27,734.	
23	Insurance	307,905.	245,514.	62,391.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	1,260,340.	1,219,245.	36,656.	4,439.
b	SPECIAL EVENTS	148,042.	46,840.	100,781.	421.
с	BAD DEBT	38,370.			38,370.
d	MISCELLANEOUS EXPENSE	659.		659.	
е	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	45,838,911.	42,656,391.	2,785,938.	396,582.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	advastignal compaign and fundraising collisitation	1	ı – – – – – – – – – – – – – – – – – – –		

032010 12-23-20

Check here

Form 990 (2020)

11431130 797738 3001294220

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

13 2020.05000 GOODWILL INDUSTRIES OF UP 30012941

Form 990 (2020)

Form 990 (2020) Part X Balance Sheet

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

57-0564001 Page 11

1	Check if Schedule O contains a response or note	e to any	/ line in this Part X	(A)		
				(A)		(5)
				Beginning of year		(B) End of year
-	Cash - non-interest-bearing			5,195,431.	1	14,615,461.
2	Savings and temporary cash investments			6,675,754.	2	6,697,035.
3	Pledges and grants receivable, net			151,021.	3	110,453.
4	Accounts receivable, net			967,032.	4	791,859.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
	controlled entity or family member of any of thes	e perso	ons		5	
6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
	under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8				2,268,293.	8	2,755,788.
9				35,742.	9	644,485.
10a						
	basis. Complete Part VI of Schedule D	10a	95,763,316.			
b	Less: accumulated depreciation	10b	26,475,291.	64,263,759.	10c	69,288,025.
11					11	
12					12	
13	Investments - program-related. See Part IV, line 1	I1			13	
14	Intangible assets				14	266,636.
15	Other assets. See Part IV, line 11			-	15	163,436.
16			16	95,333,178.		
17	Accounts payable and accrued expenses				17	3,872,689.
18	Grants payable				18	112,061.
19	Deferred revenue		19	137,077.		
20	Tax-exempt bond liabilities	5,775,681.	20	5,153,757.		
21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
22						
		4 001 010	22			
23			· · · · · · · · · · · · · · · · · · ·	4,831,310.		3,733,059.
24					24	
25						
	• •	17-24).	Complete Part X			
				12 022 147		12 000 642
26				13,933,14/.	26	13,008,643.
		ck here				
~=				65 645 220		02 211 002
			F			82,214,082. 110,453.
28				220,140.	28	110,455.
		b8, che	ck nere ▶			
~~					00	
			F	65 871 377		82,324,535.
						95,333,178.
33	TOTAL HADIITIES AND HEL ASSETS/TUND DAIANCES			1,004,024.	33	Form 990 (2020)
	7 8 9 10 a 11 12 13 14 15 16 17 18 19 20 21 22 23 24	 under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equality and other payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete F Loans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of thes Secured mortgages and notes payable to unrelated. Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq Retained earnings, endowment, accumulated indications 	under section 4958(f)(1)), and persons described in sect 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 3 16 Total assets. Add lines 1 through 15 (must equal line 3 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of 22 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these persoc 22 Secured mortgages and notes payable to unrelated third persoc 24 Unsecured notes and loans payable to unrelated third pertexes, and other liabilities not includ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 26,475,291. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intagible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 Sc	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 2,268,293.8 9 Prepaid expenses and deferred charges 35,742.9 10a 95,763,316. b Less: accumulated depreciation 10b 10b 26,475,291. 11 10b 11 10b 12 Investments - publicly traded securities 11 10b 12 Investments - other securities. See Part IV, line 11 13 Investments - orgram-related. See Part IV, line 11 14 Intragible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 79,804,524.46 17 Accounts payable and accrued expenses 3,160,706.17 18 Grants payable 5,775,681.20 20 Tax exempt bond liabilities 5,775,681.20 21 Less account liabilities not included on lines 17-24). Complete Part X of Schedule D 21 22 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or

032011 12-23-20

GOODWILL	INDUST	RIES	OF	UPSTATE/	MIDLANDS
	DOT. TNA	TNC			

57 - 056/00112

Form	990 (2020) SOUTH CAROLINA, INC.	57-	05640	01	Pag	_{ge} 12
Pa	rt XI Reconciliation 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,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,			
3	Revenue less expenses. Subtract line 2 from line 1	3	16,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,	871	, 3'	<u> 77.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	82,	324	, 53	35.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>
	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?		L	2b	X	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?		·····	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

Form **990** (2020)

032012 12-23-20

SC	HEDULE A		Dubli	ia Cha	rit., Ct	otuo on		lia Cu	nnort		OMB No. 1545-0047
(For	m 990 or 990-EZ)				-	atus an a section 501					2020
			mpietei			nexempt cha					2020
	ment of the Treasury I Revenue Service		0 • • • •			orm 990 or F					Open to Public Inspection
	e of the organizati			0		of instruction				Employer	identification number
	o or the organizati			ROLINA							7-0564001
Par	tl Reason	for Public (omplete th	nis part.) S	ee instruction		
The c	organization is not a	a private found	ation bec	cause it is: (For lines 1	through 12, c	heck only (one box.)			
1	A church, co	nvention of ch	urches, o	or associatio	n of churcl	nes describec	l in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect	ion 170(b	o)(1)(A)(ii).(Attach Sch	nedule E (Forn	n 990 or 99	90-EZ).)			
3		a cooperative		-					-		
4		-	ation ope	erated in co	njunction w	ith a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
5	city, and stat	e: on operated fo					l or oporat	od by a go	vorpmontal u	nit doscribo	
5		(b)(1)(A)(iv). (C			lege of uni			eu by a go			
6		ite, or local go			nental unit	described in	section 17	70(b)(1)(A)	(v).		
7				•					.,	ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete	Part II.)							
8	A community	rtrust describe	ed in sec	tion 170(b)	(1)(A)(vi). ((Complete Par	t II.)				
9	-	al research org	-					-		-	-
		or a non-land-g	grant colle	ege of agric	ulture (see	instructions).	Enter the I	name, city	, and state of	the college	or
10	university: _	on that norma		os (1) moro	than 33 1/	304 of its supr	ort from o	ontribution	s momborsh	in foos and	d gross receipts from
10											rom gross investment
			•			•					Ifter June 30, 1975.
		509(a)(2). (Co			·			•	, .		
11	An organizat	on organized a	and opera	ated exclusi	vely to test	for public sa	fety. See	section 50)9(a)(4).		
12	An organizat	on organized a	and opera	ated exclusi	vely for the	e benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly	supported or	ganizatio	ns describe	d in sectio	on 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). 🤇	Check the box in
		ough 12d that		• •						-	
а											
	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		supporting org	-				tion with it	s sunnorte	organizatio	n(s) hy hay	vina
~		nanagement o		-					•		-
		n(s). You mus	-				•		·		
с	Type III fu	nctionally inte	grated.	A supportin	g organizat	tion operated	in connect	ion with, a	and functional	ly integrate	d with,
	its support	ed organizatio	n(s) (see i	instructions). You mu	st complete l	Part IV, Se	ctions A,	D, and E.		
d		n-functionally			•••	•				-	.,
		functionally int	•	0	°.		•		•	an attentiv	/eness
•		t (see instruct box if the orga									
е		/ integrated, or							турет, турет	n, rype m	
f	Enter the number										
g	Provide the follow				d organiza	tion(s).					
	(i) Name of supp		(ii	i) EIN		f organization on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organizatior	1				instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
			<u> </u>								
_											
			<u> </u>								
_											
Tota		duction A -+ +		o the last	untiens for	Earm 000	000 57	000000			m 000 or 000 EZ) 0000
LHA	For Paperwork Re	auction Act N	iotice, se	e the instr	uctions for	r Form 990 oi	990-EZ.	032021 01-	25-21 Sche	uule A (For	m 990 or 990-EZ) 2020

11431130 797738 3001294220

¹⁶ 2020.05000 GOODWILL INDUSTRIES OF UP 30012941

$_0$ SOUTH CAROLINA, II

Schedule A (Form 990 or 990-EZ) 2020	SOUTH CAROL	INA, INC.	57-0564001	Page 2				
Part II Support Schedule for	or Organizations D	escribed in Section	ons 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 te	ests listed below, please	complete Part III.)						

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27946789.	29006454.	29682427.	27623113.	41849464.	156108247
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	27946789.	29006454.	29682427.	27623113.	41849464.	156108247
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)						
	Public support. Subtract line 5 from line 4.						156108247
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	27946789.	29006454.	29682427.	<u>27623113.</u>	41849464.	156108247
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	23,283.	57,529.	104,657.	92,792.	21,281.	299,542.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	104,366.	242,215.	181,878.	171,085.		705,509.
11	Total support. Add lines 7 through 10						157113298
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,010,778.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publi					1 1	00.00
	Public support percentage for 2020 (.,,		14	99.36 %
	Public support percentage from 2019					15	99.20 %
16a	33 1/3% support test - 2020. If the				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
-	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl		•				
18	Private foundation. If the organization	I UIU NOT CNECK A	box on line 13, 16	a, 100, 17a, 0r 17b		edule A (Form 990	
					3016		UI 330-LL/2020

57-0564001 Page 3

Part III	Support Schedule for (Organizations Described in Section 50	9(a)(2)
----------	------------------------	---------------------------------------	---------

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) organiz	ation,
Se	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
1 9a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2019. If the	organization did n	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	6, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The org	anization qualifies	as a publicly suppo	orted organizatio	on ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
0320	23 01-25-21				Sch	edule A (Form	990 or 990-EZ) 2020
			18	3			

Schedule A (Form 990 or 990-EZ) 2020 SOUTH CAROLINA, INC.

57-0564001 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

19

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SOUTH CAROLINA, INC.
Part IV Supporting Organizations (continued)

57-0564001 Page 5

Yes No

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	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		
Sec	tion 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		
Sec	tion 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	0.		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described in line 2a, above, 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	01-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> " <i>provide details in</i> Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21		
0005-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0 53	2000
03202	5 01-25-21 Schedule A (Form S 20	90 or 99	י∪-⊏∠)	2020

	dule A (Form 990 or 990-EZ) 2020 SOUTH CAROLINA, INC.			57-0564001 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion 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):			
а	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		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		

 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 erranization's first as a per functionally integrated Type III support

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

3

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA INC

57-0564001 p	age 7
--------------	-------

Sche Par	dule A (Form 990 or 990-EZ) 2020 SOUTH CAROLINZ	A, INC. a)(3) Supporting Orga	nizations (continu		7-0564001	Page 7
	on D - Distributions		Contine		Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	• • • • • • • •	
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributat Amount for 2	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
C	Excess from 2018					
d	Excess from 2019					
e	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

chodulo A	(Form 990 or 990-EZ) 2020				UPSTATE/MIDLANI	DS 57-0564001 _{Pag}
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Prov 2, 3b, 3c, 4b, ines 2 and 3; F	<i>v</i> ide the explanati 4c, 5a, 6, 9a, 9b, Part IV, Section E	ons required by 9c, 11a, 11b, ar lines 1c, 2a, 2b	Part II, line 10; Part II, line 17 nd 11c; Part IV, Section B, lin , 3a, and 3b; Part V, line 1; P complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Orga

Name of the organization

** PUBLIC DISCLOSURE	COPY	*
----------------------	------	---

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

57-0564001

	GOODWI	ILL IN	IDUSTI	RIES	OF	UPSTATE/MIDLANDS
	SOUTH	CAROI	JINA,	INC.	•	
nization type (che	eck one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B	(Form 990,	990-EZ, or	990-PF) (2020)
------------	------------	------------	----------------

Name of organization

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

Employer identification number

57-0564001

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
1		\$ <u>10,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

11431130 797738 3001294220

			Employer identification number
	ILL INDUSTRIES OF UPSTATE/MIDLANDS CAROLINA, INC.		57-0564001
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needec	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
023453 11-25	5-20		 B (Form 990, 990-EZ, or 990-PF) (

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4		
Name of o	organization				Employer identification number		
GOODW	ILL INDUSTRIES OF UPSTAT	FE/MIDLANDS					
	CAROLINA, INC.				57-0564001		
Part III) through (e) and the following I	ine entry. For or	rganizations	that total more than \$1,000 for the year		
	Use duplicate copies of Part III if additional	space is needed.		ie year. (Enter this hild, of	(ce.) 🕨 🖣		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
		(e) Transfer	of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
		_					
		_					
(a) No.							
from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I							
		(e) Transfer	of aift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	ansferor to transferee		
				•			
			<u>.</u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I		(0) 000 01 girt		(4) 200			
		(a) Transfer	of wift				
		(e) Transfer	orgin				
	Transferee's name, address, a	nd 7I P + 4	Be	elationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Doo	orintian of how gift is hold		
Part I	(b) Purpose of gift	(c) Use of girt		(u) Des	cription of how gift is held		
		(e) Transfer	of gift				
	-		_				
	Transferee's name, address, a	na ZIP + 4	Re	elationship of tra	ansferor to transferee		
	- <u></u>	-					
		-					
023454 11-25	5-20			Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)		

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
(Form	n 990)		2020		
	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest information S OF UPSTATE / MIDLANDS		
Nam	e of the organizatio		identification number 7-0564001		
Par	t I Organiza	SOUTH CAROLINA, ING	d Funds or Other Similar Funds or A		
	-	n answered "Yes" on Form 990, Part IV, lin			
		·	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4	Aggregate value at	end of year			
5	Did the organizatio	n inform all donors and donor advisors in v	writing that the assets held in donor advised fu	inds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	n inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only	
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	erring	
Dec	impermissible priva				Yes No
Par		· · · ·	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1		ervation easements held by the organization			
		of land for public use (for example, recrea			
	—	f natural habitat	Preservation of a ce	rtified historic	structure
-		of open space			
2	•	• •	ied conservation contribution in the form of a c		
	day of the tax year.				at the End of the Tax Year
b					
			ucture included in (a)	. 20	
u			iner 7/25/06, and not on a historic structure	2d	
3			eased, extinguished, or terminated by the orga		the tax
•	year ►				
4	-	where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per			
	0	prcement of the conservation easements it			Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva		
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements dur	ing the year
	▶\$				
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?			Yes No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense state	ement and	
	balance sheet, and	I include, if applicable, the text of the footn	ote to the organization's financial statements t	that describes	the
Des	organization's acco	ounting for conservation easements.	Art Historical Tracer an Other	Cimilar Ac	
Par			Art, Historical Treasures, or Other	Similar AS	Sels.
		the organization answered "Yes" on Form			
па	0	, ,	8, not to report in its revenue statement and b		orks
			blic exhibition, education, or research in further	ance of public	
L			ncial statements that describes these items.	aa abaat wark	- of
a	-	· ·	8, to report in its revenue statement and balan		
		-	exhibition, education, or research in furtheran		i vice,
		ng amounts relating to these items:		▶ \$	
2	. ,	, , , , , , , , , , , , , , , , , , , ,	asures, or other similar assets for financial gair		
£		ints required to be reported under FASB A		, provide	
я	-			▶ \$	
		eduction Act Notice, see the Instructions			dule D (Form 990) 2020
	12-01-20	,			
			28		

		L INDUSTRIE		F UPSTA	ATE/MII	LAND		<u>م</u> ۲	C 4 0 0 1		•
		AROLINA, IN		· · -		<u></u>			64001		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar As	ssets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the f	ollowing that	t make się	gnificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ie organizatio	on's exem	npt purpose ir	n Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, his	storical treas	sures, or othe	er similar	assets	_	_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990, Pa	art IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for o	contributions	s or other as	sets not ir	ncluded	_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	istodial acco	unt liabilit	ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	rm 990, Part						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years	back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	ed for the	e organizatior	ו	_		
	by:								·	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o		. ,	or other	(c) Ac	cumulated		(d) Book	valu	ie
		basis (investr	nent)		(other)	dep	preciation			-	
1a	Land				2,923.				4,152		
	Buildings				8,884.		.23,255	_	0,925	-	
с	Leasehold improvements				5,769.		.60,912		7,514		
d	Equipment				8,992.	5,1	.27,827		9,261		
е	Other			7,49	6,748.		63,297		7,433		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part 2	X <u>. colur</u>	nn (B), line 1	0c.)		►	6	9,288	,0	25.
							Sch	edule	D (Form	990)) 2020

	m 990) 2020 SOUTH CAROL vestments - Other Securities.	INA, INC.		57-0564001 Page
	omplete 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 of	or end-of-year market value
(1) Financial de	erivatives			
2) Closely held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	omplete 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 of	or end-of-year market value
(1)	, ,			,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(7)</u> (8)				
(8) (9) Fotal. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 13.) 🕨			
(8) (9) Total. (Col. (b) m Part IX Ot	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1) Devices for
(8) (9) Fotal. (Col. (b) m Part IX Of Co	ther Assets. mplete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) m Part IX Of Co	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Of Co (1) (2)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) m Part IX Or Co (1) (2) (3)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Of Co (1) (2) (3) (4)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Ot Cc (1) (2) (3) (4) (5)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) m Part IX Of Co (1) (2) (3) (4) (5) (6)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Of Co (1) (2) (3) (4) (5) (6) (7)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Or Co (1) (2) (3) (4) (5) (6) (7) (8)	ther Assets. mplete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Total. (Col. (b) m Part IX Or Col (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	ther Assets. omplete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) Fotal. (Col. (b) m Part IX Ot Co (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Column Part X Ot	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (b) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (B) line (c) must equal Form 990, Part X, col. (C) must equal Form 900, Part Y, col. (C) must equal Form 900	Description		
(8) (9) otal. (Col. (b) m Part IX Or Control (col. (col. (b) m (col. (col. (co. (col. (col. (col. (col. (col. (col. (col.	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes"	Description		. ►
(8) (9) Total. (Col. (b) m Part IX Or Co (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X Or Co 1.	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		
(8) (9) Fotal. (Col. (b) m Part IX Or Co (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X Or Co I. (1) Federal	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line ther Liabilities. pmplete if the organization answered "Yes"	Description		. ►
(8) (9) Total. (Col. (b) m Part IX Ori Con (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X Ori Con (1) Federal (2)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Total. (Col. (b) m Part IX Or Col (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Column Part X Or Col (1) Federal (2) (3)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Fotal. (Col. (b) m Part IX Ot Co (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Fotal. (Column Part X Ot Co 1. (1) Federal (2) (3) (4)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Fotal. (Col. (b) m Part IX Ot Co (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X Ot Co I. (1) Federal (2) (3) (4) (5)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Fotal. (Col. (b) m Part IX Or (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X Or Column (1) Federal (2) (3) (4) (5) (6) (5) (6)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Fotal. (Col. (b) m Part IX Ori Con (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X Ori Con 1. (1) Federal (2) (3) (4) (5) (6) (5) (6) (7)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►
(8) (9) Fotal. (Col. (b) m Part IX Or (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X Or Column (1) Federal (2) (3) (4) (5) (6) (5) (6)	ther Assets. pmplete if the organization answered "Yes" (a) (b) must equal Form 990. Part X. col. (B) line ther Liabilities. pmplete if the organization answered "Yes" (a) Description of liability	Description		. ►

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

X

032053 12-01-20

GOODWILL	INDUST	RIES C)F	UPSTATE/	MIDLANDS
COLIMI CAD	OT. TNA	TNC			

		OUTH CAROLINA,	INC.		57-	0564001 _{Page} 4
Pa	rt XI Reconciliation of R	evenue per Audited F	inancial Statements Wi	th Revenue per Re	turn.	
	Complete if the organizat	ion answered "Yes" on Form	990, Part IV, line 12a.		_	
1	Total revenue, gains, and other s	support per audited financial	statements		1	94,351,541.
2	Amounts included on line 1 but r	not on Form 990, Part VIII, lir	ne 12:			
а	Net unrealized gains (losses) on	investments	2a			
b	Donated services and use of fac	ilities	2b	179,941.		
с	Recoveries of prior year grants					
d				31,879,531.		
е	Add lines 2a through 2d				2e	32,059,472.
3	Subtract line 2e from line 1				3	62,292,069.
4	Amounts included on Form 990,					
а	Investment expenses not include	ed on Form 990, Part VIII, line	e 7b 4a			
b	Other (Describe in Part XIII.)		4b			
с					4c	0.
5	Total revenue. Add lines 3 and 4				5	62,292,069.
	Total revenue. Add lines o and a		J. Taili. III IC 12.1			
	rt XII Reconciliation of E	xpenses per Audited	Financial Statements W	ith Expenses per F		n.
	rt XII Reconciliation of E	xpenses per Audited I ion answered "Yes" on Form	Financial Statements W	ith Expenses per F		n.
	rt XII Reconciliation of E	xpenses per Audited I ion answered "Yes" on Form	Financial Statements W 990, Part IV, line 12a.	ith Expenses per F		n. 77,898,383.
Pa	rt XII Reconciliation of E	xpenses per Audited I ion answered "Yes" on Form udited financial statements	Financial Statements W 990, Part IV, line 12a.	/ith Expenses per F	Retur	n.
Pa 1	TXII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but r	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line	Financial Statements W 990, Part IV, line 12a.	/ith Expenses per F	Retur	n.
Pa 1 2	rt XII Reconciliation of E Complete if the organizat Total expenses and losses per a	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Financial Statements W 990, Part IV, line 12a. 25: 2a	/ith Expenses per F	Retur	n.
Pa 1 2 a	TXII Reconciliation of E. Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Financial Statements W 990, Part IV, line 12a. 25: 25: 22: 22:	/ith Expenses per F	Retur	n.
Pa 1 2 a b	T XII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but i Donated services and use of fac	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Financial Statements W 990, Part IV, line 12a. 25: 25: 26 26	/ith Expenses per F	Retur	n.
Pa 1 2 a b	XII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.)	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Pinancial Statements W 990, Part IV, line 12a. 225: 225: 226: 227: 228: 220: 220:	ith Expenses per F	Retur	n.
Pa 1 2 a b c d	Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Financial Statements W 990, Part IV, line 12a. 225: 225: 226: 220: 220: 220: 220: 221: 222: 22: 22: 22: 22: 22: 22: 22: 22: 22: 22: 22: 22: 23: 24:	7ith Expenses per F	1	n. 77,898,383.
Pa 1 2 b c d e	XII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.)	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities	Financial Statements W 990, Part IV, line 12a. 225: 2a 2b 2c 2d	7ith Expenses per F	1 2e	n. 77,898,383. 32,059,472.
Pa 1 2 a b c d e 3	Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities Part IX, line 25, but not on li	Financial Statements W 990, Part IV, line 12a. 225: 2a 2b 2c 2d ne 1:	7ith Expenses per F	1 2e	n. 77,898,383. 32,059,472.
Pa 1 2 a b c d e 3 4	Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but if Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not included	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities Part IX, line 25, but not on li ed on Form 990, Part VIII, line	Financial Statements W 990, Part IV, line 12a. 225: 2a 2b 2c 2d ne 1: 97b 4a	7ith Expenses per F	1 2e	n. 77,898,383. 32,059,472.
Pa 1 2 a b c d e 3 4	XIII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not include Other (Describe in Part XIII.)	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities Part IX, line 25, but not on li ed on Form 990, Part VIII, line	Financial Statements W 990, Part IV, line 12a. 225: 2a 2b 2c 2d ne 1: 97b 4a	7ith Expenses per F	1 2e	n. 77,898,383. 32,059,472.
Pa 1 2 a b c d e 3 4 a b c 5	XIII Reconciliation of E Complete if the organizat Total expenses and losses per a Amounts included on line 1 but in Donated services and use of fac Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Investment expenses not include Other (Describe in Part XIII.)	xpenses per Audited I ion answered "Yes" on Form udited financial statements not on Form 990, Part IX, line ilities Part IX, line 25, but not on lied ed on Form 990, Part VIII, line 4c. (This must equal Form 9	Financial Statements W 990, Part IV, line 12a. 225: 2a 2b 2c 2d ne 1: e 7b 4a	/ith Expenses per F	Retur	n. 77,898,383. 32,059,472. 45,838,911.

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.

PART X, LINE 2:

THE ORGANIZATION HAS OBTAINED NONPROFIT STATUS UNDER INTERNAL REVENUE O	CODE
SECTION 501(C)(3), AND AS SUCH, IS EXEMPT FROM INCOME TAXES EXCEPT ON	
UNRELATED BUSINESS INCOME. ACCORDINGLY, THE ACCOMPANYING FINANCIAL	
STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STAT	ľE
INCOME TAXES. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIA	AL
UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2021.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD 31,879,	,531.

31

PART XII, LINE 2D - OTHER ADJUSTMENTS:

032054 12-01-20

Schedule D (Form 990) 2020	GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC. rmation (continued)	57-0564001 Page 5
Part XIII Supplemental Infor	mation (continued)	
COST OF GOODS SOLD		31,879,531.
		Schedule D (Form 990) 2020
032055 12-01-20		

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2020	
Department of the Treasury Internal Revenue Service								Open to Public Inspection	
Name of the organization							Employer ide	ntification number	
i ano or ano organization		AROLINA, INC.	OIA.				57-0564		
		Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
 a X Mail solicitation b X Internet and e c X Phone solicitation d In-person solicitation 2 a Did the organization key employees lister 	ons ations citations have a written o d in Form 990, P nighest paid indiv	f X Solicitat g X Special or oral agreement with any individual Part VII) or entity in connection with pre- viduals or entities (fundraisers) pursue	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events fficers, directors, trus undraising services?	-	Yes		
(i) Name and address or entity (fundr		(ii) Activity	fundr have c or cor	ustody	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
NATIONAL CHARITY CAN	RS - P.O.		Yes	No					
BOX 90967, WASHINGTO	ON, DC	AUTO SALES		X	436,020.		258,128.	177,892.	
SMOAK PUBLIC RELATION		RECOGNITION EVENT					10 014	10.014	
NORTH SPRING STREET THE CAMPBELL GROUP		MANAGEMENT		X	0.		10,814.	-10,814.	
GINGER LANE, TAYLORS		DIRECT MAIL		x	0.		2,480.	-2,480.	
Total 3 List all states in whic		n is registered or licensed to solicit c	contrib	► utions	436,020.	it is	271,422. exempt from re	164,598. gistration	
or licensing.									
SC									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

			(a) Event #1 VIRTUAL BRIDGE BUILD	(b) Event #2 VETERANS WEEK AWARENE	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	4,597.	2,500.		7,097.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	4,597.	2,500.		7,097.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
Pa	<u>11</u> 11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization				7,097.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, iiile 19, 0i	reported more than	
enue			(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				
ses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direct		Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ı Is t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these s	states?		
10-		ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax	vear?	Yes No
		Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	
	_					
03208	82 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS Schedule G (Form 990 or 990-EZ) 2020 SOUTH CAROLINA, INC.

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

57-0564001 Page 2

Sch	edule G (Form 990 or 990-EZ) 2020 SOUTH CAROLINA, INC.	57-05640	01 Page 3
11	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		ies No
13	to administer charitable gaming?	Y	es No
	a The organization's facility	13a	%
	an outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	5 <u>.</u>	
	Name		
	Address		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		'es 🗌 No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	int	
c	of gaming revenue retained by the third party ► \$ 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		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Γr	es No
t	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
De	organization's own exempt activities during the tax year \$		
Fd	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines	s 9, 9b, 10b,
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:	
<u>(I</u>) NAME OF FUNDRAISER: NATIONAL CHARITY CARS		
<u>(</u>]) ADDRESS OF FUNDRAISER: P.O. BOX 90967, WASHINGTON, DC 20	090	
<u>(I</u>) NAME OF FUNDRAISER: SMOAK PUBLIC RELATIONS		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
<u>10</u>	5 NORTH SPRING STREET SUITE 111, GREENVILLE, SC 29601		
0320	83 11-25-20 Schedule (G (Form 990 or	990-EZ) 2020

Schedu Part	ule G (Form 990	or 99 men	0.EZ)	SOUTH	CARC	TTNA. T		UPSTATE/M	IIDLA	NDS	57-0564001	Page 4
(I)	NAME OF						GROUP					
(I)								TAYLORS,	SC	2968	37	
												_
										Sch	edule G (Form 990 o	r 990-EZ)

032084 04-01-20

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service	Open to Public Inspection									
Internal Revenue Service Image: Constraint of the organization Go to www.irs.gov/Form990 for the latest information. Name of the organization GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS Employer id SOUTH CAROLINA, INC. Constraint of the organization Employer id										
Part I General Info	ormation on Grants a	nd Assistance								
criteria used to awa		stance?				-	stance, and the selecti			
Part II Grants and	Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	anization answered "ץ	′es" on Form 990, Part	IV, line 21, for any		
recipient tha 1 (a) Name and addr or gover		65,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
GOODWILL INDUSTRIES CAROLINA, INC 21 BLDG 100 - NORTH CH 29406	50 EAGLE DRIVE	57-0632511	501(C)(3)	205,529.	0.			SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM SUB RECIPIENT		
3 Enter total number	of section 501(c)(3) and of other organizations									

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

Schedule I (Form 990) 2020

SOUTH CAROLINA, INC.

57-0564001

Page 2

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 noncash assistance
MILESTONE INCENTIVES, TRANSPORTATION, & TUITION					TUITION PAID FOR PARTICIPANTS
FOR JOB SPECIFIC TRAINING	1095	60,258.	350,565.	FMV	TO ATTEND CLASSES

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

PART I, LINE 2:

EACH GRANT IS ASSIGNED TO A PROGRAM MANAGER WHO IS RESPONSIBLE FOR

FOLLOWING THE GRANT BUDGET AND ACHIEVING THE GOALS SPECIFIED BY THE GRANT

AWARD. GIUMSC DRAWS AND DISBURSES THE GRANT FUNDS ACCORDING TO

SPECIFICATIONS OF THE GRANT AGREEMENT. ALL GRANT AWARDS ARE ASSIGNED A

UNIQUE COST CENTER IN THE GENERAL LEDGER SYSTEM. GIUMSC ALSO MAKES PERIODIC

REPORTS TO THE FUNDING SOURCE AS REQUIRED BY THE GRANT AGREEMENT. GIUMSC

ACCOUNTING STAFF REVIEW GRANT FINANCIAL REPORTS AND BUDGETS WITH PROGRAM

MANAGERS ON A MONTHLY BASIS. INCENTIVES ARE EARNED BY PARTICIPANTS ONCE

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS Schedule I (Form 990) SOUTH CAROLINA, INC. 57-0564001 Page 2 Part IV Supplemental Information
CERTAIN MILESTONES ARE REACHED WITHIN EACH PROGRAM. WHEN GIUMSC MAKES
SUBAWARDS, AN AGREEMENT IS SIGNED BETWEEN GIUMSC AND THE SUBRECIPIENT. THE
AGREEMENT SPECIFIES ALL OF THE REQUIREMENTS OF THE ORIGINAL AWARD AND THE
REPORTING REQUIREMENTS OF THE SUBRECIPIENT TO GIUMSC. MONTHLY REPORTS ARE
RECEIVED FROM SUBRECIPIENTS, REVIEWED, AND ENTERED INTO THE GENERAL LEDGER
SYSTEM WHEN APPROVED. GIUMSC MAKES MONITORING VISITS TO THE SUBRECIPIENTS
ANNUALLY TO REVIEW THE PROGRAM OUTCOMES AND FINANCIAL RECORDING OF PROGRAM
EXPENDITURES.
Schedule I (Form 990)

Schedule I (Form 990)

SCH	EDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Forr	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F		00	
(····,	Compensated Employees		20	ZU	J
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	ent of the Treasury Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
	of the organizatio		Employer	identificatio	on nui	mber
		SOUTH CAROLINA, INC.	57-0	056400	1	
Part	I Question	s Regarding Compensation				
					Yes	No
1a C	heck the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
Γ	First-class or o		nal use			
	Travel for com	ipanions Payments for business use of personal re	sidence			
	Tax indemnifi	cation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b If	any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
re	eimbursement or j	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2 D	id the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
tı	rustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Ir	ndicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
C	EO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
е	stablish compens	ation of the CEO/Executive Director, but explain in Part III.				
[X Compensatio	n committee X Written employment contract				
	Independent of	compensation consultant X Compensation survey or study				
[X Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4 D	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
0	rganization or a re	lated organization:				
a F	leceive a severand	e payment or change-of-control payment?		4a		X
bΡ	Participate in or ree	eive payment from a supplemental nonqualified retirement plan?		4b		X
сP	Participate in or ree	eive payment from an equity-based compensation arrangement?		4c		X
lf	"Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	ontingent on the r					
						X
		ation?		<u>5b</u>	_	X
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	ontingent on the r	-			37	
					Х	
		ation?		<u>6b</u>		X
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
		nes 5 and 6? If "Yes," describe in Part III		7		X
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
				8		X
		id the organization also follow the rebuttable presumption procedure described in		-		
		n 53.4958-6(c)?				
LHA	⊢or Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scher	dule J (Forn	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

20 SOUTH CAROLINA, INC.

57-0564001

Page 2

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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) PATRICK MICHAELS	(i)	274,142.	0.	0.	19,500.	9,047.	302,689.	0.
CEO AND PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DARREN WRIGHT	(i)	171,979.	0.	0.	15,773.	28,763.	216,515.	0.
VP - OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL PUTNAM	(i)	152,517.	0.	0.	13,478.	9,908.	175,903.	0.
VP - MISSION & PEOPLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MIKE ADAMS	(i)	160,202.	0.	0.	13,887.	1,264.	175,353.	0.
VP - BUSINESS DEV . / GOV.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

SOUTH CAROLINA, INC.

Schedule J (Form 990) 2020

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.

PART I, LINE 6:

IF A KEY EMPLOYEE REFERENCED ON SCHEDULE J MEETS SPECIFIC CRITERIA, THEY

MAY BE ELIGIBLE FOR VARIABLE COMPENSATION. HOWEVER FOR THE INDIVIDUAL TO

BE ELIGIBLE, THE ORGANIZATION MUST FIRST MEET AGGRESSIVE GOALS SET FORTH IN

THE EXECUTIVE INCENTIVE PLAN WHICH INCLUDE:

1.) EXPENSE: REVENUE RATIO

2.) SAFETY INCIDENT RATE

3.) STRATEGIC PLAN PERFORMANCE

4.) MISSION: PLACEMENTS

5.) MISSION: INTERNAL PROMOTIONS

PAGE 2, PART II

COMPENSATION REPORTED FOR KEY EMPLOYEES ON SCHEDULE J IS TAKEN FROM THE

2020 W2.

THIS COMPENSATION PERIOD INCLUDED SIGNIFICANT IMPACTS RESULTING FROM

THE COVID PANDEMIC, INCLUDING TEMPORARY SALARY REDUCTIONS EXPERIENCED

BY KEY EMPLOYEES LISTED ON SCHEDULE J RANGING FROM 8% TO 30%.

Schedule J (Form 990) 2020

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.

ADDITIONALLY, KEY EMPLOYEES LISTED ON SCHEDULE J DID NOT RECEIVE ANY

INCENTIVE OR VARIABLE COMPENSATION DURING THE W2 REPORTING PERIOD OR

THE 2020-2021 FISCAL YEAR.

Schedule J (Form 990) 2020

	ach to	omplete if the organ € Form 990. ► Go	nization answere explanations, and to www.irs.gov/F	l any additional in orm990 for instru	990, Part IV formation in uctions and f	, line 24a. 1 Part VI.	Provide descrip	otions,			С	<u>PMB No.</u> 20 Open to 1spec)20 o Pub	
······································		DUSTRIES O	F UPSTATE,	/MIDLANDS							identif		n num	ıber
Part I Bond Issues		INA, INC. E PART VI I		NS (A) AN	D (F) (NUATIONS		5	7-0	564	001		
	25		(c) CUSIP #					on of purpose		faggad	(h) On	hahalf		
(a) Issuer name		(b) Issuer EIN	(C) CUSIP #	(d) Date issued		ue price	(i) Descripti	on of purpose	(g) De	leaseu	of is:		• •	ncing
									Vac	No	Yes			No
SOUTH CAROLINA									165		165		165	
A JOBS-ECONOMIC DEVELOR	MEN	57-0960018	NONE	08/29/14	9.530	.000.	REFUND 2	006 ISSUE		x		x		x
SOUTH CAROLINA		0, 0,00020	110112			70000	GOODWILL							<u> </u>
B JOBS-ECONOMIC DEVELOR	MEN	57-0960018	NONE	10/01/20) 5.153	.757.		ES OF UPP		x		x		x
						,								
С														
D														
Part II Proceeds														
				A			В	С				D		
1 Amount of bonds retired				4,45	51,243.									
2 Amount of bonds legally defeased														
3 Total proceeds of issue				9,53	30,000.	5,	153,757.							
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds														
· · · · ·														
9 Working capital expenditures from proc														
10 Capital expenditures from proceeds					0 000									
				9,53	30,000.									
· · · ·					007					_				
13 Year of substantial completion	<u></u>				2007									
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refu	•	•	• •	x		v								
if issued prior to 2018, a current refund				<u>A</u>		X		<u>├</u>		_		_		
15 Were the bonds issued as part of a refu	Ũ				x		x							
issued prior to 2018, an advance refund16 Has the final allocation of proceeds been set of the final allocation of the final al	0			v	A		X							
16 Has the final allocation of proceeds bee17 Does the organization maintain adequa				🏠										
final allocation of procoods?				x			x							
				22	1	1					//			

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

Schedule K (Form 990) 2020

Sche	edule K (Form 990) 2020 SOUTH CAROLINA, INC.			57-0	J564001				Page
Par	t III Private Business Use								
		ŀ	A		3	<u> </u>	2	[<u> </u>
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of					I	1		
	bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private					I	1		
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					I	1		
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		х		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other						í I		
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		х		x	I	1		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?					I	1		
9	Has the organization established written procedures to ensure that all						Í		
	nonqualified bonds of the issue are remediated in accordance with the					I	1		
	requirements under Regulations sections 1.141-12 and 1.145-2?		х	Х		I	1		
Par	t IV Arbitrage								-
		ŀ	4		3	C	2		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		X		Í		
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		X		X				
	Exception to rebate?	Х			X				
	No rebate due?		Х		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								

Х

2

E7 0E64001

Х

57-0564001 SOUTH CAROLINA, INC. Schedule K (Form 990) 2020 Page 3 Part IV Arbitrage (continued) Δ В С D 4a Has the organization or the governmental issuer entered into a gualified Yes No Yes No Yes No Yes No Х х hedge with respect to the bond issue? TD BANK **b** Name of provider 5.0000000 c Term of hedge Х **d** Was the hedge superintegrated? Х e Was the hedge terminated? Х Х 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х Х 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the Х х requirements of section 148? Part V Procedures To Undertake Corrective Action В С Δ D Has the organization established written procedures to ensure that violations Yes No Yes No Yes No Yes No of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? Х х Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. SCHEDULE K, PART I, BOND ISSUES: ISSUER NAME: SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY (A) (A) ISSUER NAME: SOUTH CAROLINA JOBS-ECONOMIC DEVELOPMENT AUTHORITY (F) DESCRIPTION OF PURPOSE: GOODWILL INDUSTRIES OF UPPER SOUTH CAROLINA, INC. PROJECT, SERIES 2006

	HEDULE M		Nonc	ash Contri	ibutions			OMB No.	545-004	17
(Fo	rm 990)							20	20)
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	9 or 3	0.	20	ZU	,
	ment of the Treasury I Revenue Service	Attach to Form 990						Open to Inspe		ic
					the latest information.		Employer	-		
Name	e of the organization	••••			ATE/MIDLANDS			identificati 7 – 0 5 6 4		nber
Par	tl Types of	SOUTH CAROLI	NA, IN	L.			5	7-0504	001	
			(a)	(b)	(c)			(d)		
			Check if	Number of	Noncash contribution			of determin	•	
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	r	noncash co	ntribution a	nount	S
1	Art - Works of art				<u> </u>					
2		asures								
3		erests								
4		ations								
5		sehold goods	X		31,386,902.					
6		hicles	X	516	436,020.	FMV	7			
7										
8		ty								
9	Securities - Public	ly traded								
10	Securities - Closel	y held stock								
11	Securities - Partne	ership, LLC, or								
	trust interests									
12	Securities - Miscel	••••••								
13	Qualified conserva	ation contribution -								
	Historic structures	••••••								
14		ation contribution - Other								
15		dential								
16		mercial								
17		r								
18										
19 00										
20		ll supplies								
21 22										
22										
23 24		acts								
25	Other (acts								
26	Other () }								
27	Other (/ }								
28	Other (/				1				
29		, 8283 received by the organi	zation durino	g the tax year for co	ontributions	•				
		nization completed Form 82	-							
	C C			C	<u>.</u>				Yes	No
30a	During the year, di	id the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28,	that it			
	must hold for at le	ast three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed fo	r			
	exempt purposes	for the entire holding period	?					<u>30a</u>		X
b		the arrangement in Part II.								
31	Does the organiza	tion have a gift acceptance p	policy that re	equires the review o	of any nonstandard contribut	tions?		31		X
32a		tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?							<u>32a</u>		X
	If "Yes," describe									
33	-	didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2020

032141 11-23-20

11431130 797738 3001294220

Schedule M	(Form 990) 2020	SOUTH	CAROLINA,	INC.	01011112/1		57-0564001	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informat	ion. Provide the b), the number of c	information req ontributions, th	uired by Part I, line e number of items	es 30b, 32b, and 33, received, or a combi	and whether the organization of both. Also comp	tion plete
	this part for any ac							
032142 11-23-2	20						Schedule M (Form	990) 2020
				4	8			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information. GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS



57-0564001

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INC.

LONG-TERM EMPLOYMENT

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RESALE, OR RECYCLING OF UNWANTED GOODS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

(AND GENERALLY MORE) OF THE SERVICES WE PROVIDE.

SOUTH CAROLINA,

FORM 990, PART VI, SECTION A, LINE 1:

THE OFFICERS OF THE CORPORATION NAMED IN ARTICLE V OF THESE BYLAWS THE CHAIR OF EACH COMMITTEE THEN IN EXISTENCE, AND SUCH ADDITIONAL DIRECTORS APPOINTED BY THE NOMINATING COMMITTEE, SHALL SERVE AS THE MEMBERS OF THE EXECUTIVE COMMITTEE. EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE INTERIM PERIODS BETWEEN MEETINGS AT ANY EXECUTIVE COMMITTEE MEETING WHERE A DECISION IS MADE THE BOARD. OF THE PRESIDENT SHALL REPORT SUCH DECISION TO THE BOARD OF DIRECTORS AT ITS NEXT REGULARLY SCHEDULED MEETING. THE EXECUTIVE COMMITTEE WILL NOT HAVE THE AUTHORITY TO PURCHASE OR SELL REAL ESTATE OR BORROW MONEY IN THE NAME THE CORPORATION. THE EXECUTIVE COMMITTEE IS ALSO SUBJECT TO THE CONTROL OF AND DIRECTION OF THE FULL BOARD AND WILL LIMIT ITS DECISION MAKING TO ONLY THOSE REQUIRED BY THESE BYLAWS, ITS BOARD-APPROVED COMMITTEE CHARTER OR THOSE DECISIONS WHICH DUE TO THE NECESSITY OF TIME CANNOT BE MADE BY THE BOARD OF DIRECTORS AT A GENERAL OR SPECIAL MEETING.

49

Schedule O (Form 990 or 9	90-EZ) 2020	Page 2
Name of the organization	GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS	Employer identification number
	SOUTH CAROLINA, INC.	57-0564001

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS PROVIDED TO AND REVIEWED BY THE FINANCE AND AUDIT

COMMITTEE FOR APPROVAL. THE FORM IS ALSO REVIEWED BY THE BOARD OF

DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS REVIEW THE POLICY AND ARE REQUIRED TO SIGN ANNUALLY. IF A MEMBER HAS A CONFLICT OF INTEREST, THEY DO NOT PARTICIPATE DURING THE DISCUSSION OF, OR THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. DUE DILIGENCE IS EXERCISED IN ALL POSSIBLE CONFLICT OF INTEREST TRANSACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

CEO DETERMINES COMPENSATION BASED ON COMPARABLES TO OTHER GOODWILL ORGANIZATIONS, NON-PROFITS & FOR PROFIT PEER ORGANIZATIONS, AND COMPANY POLICY. THE ORGANIZATION ENGAGES A THIRD PARTY TO DO A SALARY SURVEY AT LEAST EVERY THREE YEARS TO HELP DETERMINE APPROPRIATE COMPENSATION. THE BOARD APPROVES THE POOL OF FUNDS TO BE MADE AVAILABLE FOR ANNUAL MERIT BASED INCREASES. THE BOARD USES THIS SAME POLICY TO EVALUATE THE CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE SPECIFICALLY REVIEWS THE COMPENSATION OF EACH EMPLOYEE WHO EARNS AT LEAST \$120,000 EACH YEAR.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION PROVIDES THE FORM 990 ON ITS WEBSITE AND THROUGH THE 3RD

PARTY WEBSITE GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

 THE ORGANIZATION POSTS THE CURRENT ANNUAL REPORT ON ITS WEBSITE AND MAKES

 032212 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

 50

11431130 797738 3001294220

2020.05000 GOODWILL INDUSTRIES OF UP 30012941

Schedule O (Form 990 or 9	990-EZ) 2020	Page 2
Name of the organization	GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.	Employer identification number 57-0564001

THE GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

PART XII LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 - YEAR END

THE ORGANIZATION OPERATES ON A 52/53 WEEK FISCAL YEAR. THE FINANCIAL

DATA REFLECTED IN THE RETURN RELATES TO THE PERIOD ENDED JULY 3, 2021.

Schedule O (Form 990 or 990-EZ) 2020

032212 11-20-20

SCHEDULE R (Form 990) Department of the Treasur Internal Revenue Service		Related Organization plete if the organization answered At Go to www.irs.gov/Form990	"Yes" on Form 990, Part IV, tach to Form 990.	line 33, 34, 35b, 36	ō, or 37.		OMB No. 154 202 Open to P Inspect	20 Public
Name of the organi	zation GOODWILL INDU SOUTH CAROLIN	STRIES OF UPSTATE/				Employer iden 57-056		umber
Part I Identific	cation of Disregarded Entities. Comple	ete if the organization answered "Ye	s" on Form 990, Part IV, line 3	3.				
Name, a	(a) address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d) Total incor	(e) End-of-year	assets Dire	(f) ct controllin entity	g
Part II Identific organiza	cation of Related Tax-Exempt Organiz ations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, b	ecause it had one of	or more related tax-	exempt	
	(a) lame, 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	cont en	g) 512(b)(13) trolled tity?
	ND INDIVIDUAL ADVANCEMENT - 5 HAYWOOD RD, GREENVILLE, SC	WORK OPPORTUNITIES FOR PEOPLE WITH DISABLITIES	SOUTH CAROLINA	501(C)(3)		GOODWILL INDUSTRIES OF JPSTATE/MIDLAND	Yes S X	No
	duction Act Notice, see the Instructio						P (Form 9	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 SOUTH CAROLINA, INC.

57-0564001 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1		1				I				1	

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	(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?	
		country)						Yes	No
	-								

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

Schedule R (Form 990) 2020

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.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d	X		
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
	Reimbursement paid by related organization(s) for expenses	1q		X	
-					
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s	X		
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
(1) SC VOCATIONS AND INDIVIDUAL ADVANCEMENT	D	163,436.	FMV
(2)			
(3)			
(4)			
(5)			
(6) 032163 10-28-20			Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 SOUTH CAROLINA, INC.

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
												_	
	-												
	-												
	-												

Schedule R (Form 990) 2020

GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

Schedule R (Form 990) 2020 SOUT

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SC VOCATIONS AND INDIVIDUAL ADVANCEMENT

DIRECT CONTROLLING ENTITY: GOODWILL INDUSTRIES OF UPSTATE/MIDLANDS OF SC

PART II, RELATED TAX-EXEMPT ORGANIZATIONS: SUPPLEMENTAL INFORMATION

GOODWILL INDUSTRIES OF THE UPSTATE/MIDLANDS SOUTH CAROLINA, INC.

PROVIDES A RANGE OF BUSINESS SERVICES TO SC VOCATIONS AND INDIVIDUAL

ADVANCEMENT TO ALLOW THIS RELATED ORGANIZATION TO FUNCTION AS

EFFICIENTLY AS POSSIBLE. THIS INCLUDES ACCOUNTING, HUMAN RESOURCES,

BUSINESS DEVELOPMENT, SENIOR MANAGEMENT, AND BOARD OVERSIGHT. THIS

ASSISTANCE IS PROVIDED AT NO CHARGE TO THE RELATED ORGANIZATION.

Schedule R (Form 990) 2020

032165 10-28-20