* * *	Public	Disclosure	Copy	* * *
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



COPY

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

B Description D Employer identification number B DAVIS MEMORIAL GOODWILL OF GREATER WASHINGTON 53-0196588 DAVIS MEMORIAL GOODWILL OF GREATER WASHINGTON 53-0196588 Distribution Davis State 60.743,873. Distribution Number and steel (VP 0 box Imail in cleakered to strest address) Roombuilt E Texphone number Distribution Distribution Cley town creat office, state and 2P code U (202) 536-4225 Distribution Cley town creat office, state and 2P code How state a group return How is the a group return How is the a group return Tacesemptication LS SDEVICE SOUTHER A. MELOY How is the a group return How is the a group return Tacesemptication LS SDEVICES TO PEOPLE WITH DISADVANTACES AND DISABILITIES No To med praination's mission or most significant activities: PROVIDE PREE JOB TRAINING AND BMPLOYMENT SERVICES TO PEOPLE WITH DISADVANTACES AND DISABILITIES: S 2 Creck the organization's mission or most significant activities: PROVIDE PREE JOB TRAINING AND BMPLOYMENT SERVICES TO PEOPLE WITH DISADVANTACES AND DISABILITIES: S	<u>A</u>	A For the 2012 calendar year, or tax year beginning and ending									
Data T.S. District Gold Pit LLD District Sold Pit Response Sold Pit Response Bit A T.S. Bit A T.S. Bit A T.S. Sold Pit Response	в	Check if applicabl	C Name of organization		D Employer identifica	ation number					
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Number and street (0 * 00. out mails in 0 delived to stret address) Nommuter (202) 636-4225 Construction (202) <		chang	Doing Business As GOODWILL OF GREATER WASHI	NGTON	53-01	96588					
Image City, town, or post office, state, and 2P code G. creas resoures 40, 743, 873. Inscription Name and adores of phropal office, CATHERINE A. MELOY Inscription Inscresona Inscription Inscription<		return		Room/suite		626 400F					
memory WASHINGTON, DC 20018 H(a) Is the agroup neture Fame and address of phrolopal officer.CATHERINE A. MELOY H(a) Is the agroup neture H(b) Are all affidies include? Yes X No 1 Tax-exempt status: [X] 501(c)(1)		lated	2200 SOUTH DAROTA AVENUE, NE	<u> </u>							
Transmittation Transmittation The second status is a second principal officer-CATHERINE A. MELOY In (a) is the second status is (a)		return Applic	City, town, or post office, state, and ZIP code								
SAME AS C ABOVE H(b) Are allaties induked? _ esc _ No 1 Tax exempt status [X] S01((3) _ 501(() _ (mest no.) _ 4947(s)(1) or _ 507 H(b) Are allaties induked? _ esc _ No 3 Website.* DCGOODWILL.ORG I'''No.* attach a list. (see instructions) H(c) Are allaties induked? _ esc _ No H(c) Are allaties induked? _ esc _ No H(c) Are allaties induked? _ esc _ No H(c) Aread and the allat. (see instructions) H(c) Aread and the organization's mission or most significant activities: PROVIDE PREE JOB TRAINING AND EMPLOYMENT SERVICES TO PEOPLE WITH DISADVANTACES AND DISABLITIES. 2 Oreck this box	Ŀ	tion	MADITINGTON, DC 20010	V							
Tare exempt status: % 101(0(3) ≤ 01(c) / (insert no.) 4947(a)(1) or ≤ 027 Yeb, * attach a list, (see instructions) J Webster, b CGGODWILL, ORG Yeb, * attach a list, (see instructions) H(c) Group exemption number b K form or organization; % Corporation Tust Association Other b Yeb, * attach a list, (see instructions) I briefly describe the organization's mission or most significant activities: PROVIDE FREE JOB TRAINING AND EMPLOYMENT SERVICES TO PEOPLE WITH DISADVANTAGES AND DISABILITIES. 2 Check this box b if the organization discontinued its operations or disposed of more than 25% of the net assets. 3 Number of independent voting members of the governing body (Part Vi, line 1b) 4 13 3 Number of independent voting members of the governing body (Part Vi, line 2a) 6 1795 5 Total number of individuals employed in calendary year 202 (Part V, line 2a) 6 13 7 a Total unmber of individuals employed in a totalendary year 202 (Part V, line 2b) 13, 365, 419, 10, 468, 791. 9 Program service revenue (Part VIII, line 1h) 5, 490, 800. 6, 860, 043. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13, 235, 797. 16, 2, 203, 325. 12 Total revenue. (Part VIII, column (A), lines 13, 48, 600. 3, 800. 0. <											
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16a Professional fundraising fees (Part IX, column (A), line 11e) 36, 600. 39,000. b Total fundraising expenses (Part IX, column (A), line 25) 890,361. 11,120,662. 11,414,549. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,120,662. 11,414,549. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,741,802. 31,314,810. 19 Revenue less expenses. Subtract line 18 from line 12 2,647,095. 2,647,095. 2,401,590. 20 Total assets (Part X, line 16) 15,060,503. 16,726,739. 6,159,216. 5,168,840. 21 Total liabilities (Part X, line 26) 2. Net assets or fund balances. Subtract line 21 from line 20. 8,901,287. 11,557,899. Part II Signature Block Signature Block Signature Block Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) to based on all information of which preparer has any knowledge. Sign Here Vippe or print name and title Preparer's signature Date PriN Paide FRANK H. SMITH Funds H. Smith S2-1511275 Date Date				(Devine (40.1))		• •					
17 Other expenses (Part IX, column (A), lines TIa TId, TI:24e) 11, 120, 602. 11, 124, 343. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 29, 741, 802. 31, 314, 810. 19 Revenue less expenses. Subtract line 18 from line 12 2, 647, 095. 2, 401, 590. 20 Total assets (Part X, line 16) 2, 647, 095. 2, 401, 590. 21 Total assets (Part X, line 26) 6, 159, 216. 5, 168, 840. 22 Net assets or fund balances. Subtract line 21 from line 20 8, 901, 287. 11, 557, 899. Part II Signature Block 0, 1287. 11, 557, 899. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8:13/13 Sign Signature of officer Date Date Print/Type preparer's name Preparer's signature Date P100639053 Firm's and RAFFA, P.C. Firm's EIN 52-1511275 900 was this return with the preparer shown above? (see instructions) X yes No	s	15									
17 Other expenses (Part IX, column (A), lines TIa TId, TI:24e) 11, 120, 602. 11, 124, 343. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 29, 741, 802. 31, 314, 810. 19 Revenue less expenses. Subtract line 18 from line 12 2, 647, 095. 2, 401, 590. 20 Total assets (Part X, line 16) 2, 647, 095. 2, 401, 590. 21 Total assets (Part X, line 26) 6, 159, 216. 5, 168, 840. 22 Net assets or fund balances. Subtract line 21 from line 20 8, 901, 287. 11, 557, 899. Part II Signature Block 0, 1287. 11, 557, 899. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8:13/13 Sign Signature of officer Date Date Print/Type preparer's name Preparer's signature Date P100639053 Firm's and RAFFA, P.C. Firm's EIN 52-1511275 900 was this return with the preparer shown above? (see instructions) X yes No	sua	16a	Professional fundraising fees (Part IX, column (A), line 11e)		36,600.	39,000.					
17 Other expenses (Part IX, column (A), lines TIa TId, TI:24e) 11, 120, 602. 11, 124, 343. 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 29, 741, 802. 31, 314, 810. 19 Revenue less expenses. Subtract line 18 from line 12 2, 647, 095. 2, 401, 590. 20 Total assets (Part X, line 16) 2, 647, 095. 2, 401, 590. 21 Total assets (Part X, line 26) 6, 159, 216. 5, 168, 840. 22 Net assets or fund balances. Subtract line 21 from line 20 8, 901, 287. 11, 557, 899. Part II Signature Block 0, 1287. 11, 557, 899. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8:13/13 Sign Signature of officer Date Date Print/Type preparer's name Preparer's signature Date P100639053 Firm's and RAFFA, P.C. Firm's EIN 52-1511275 900 was this return with the preparer shown above? (see instructions) X yes No	Ř	b			11 100 660	11 414 540					
19 Revenue less expenses. Subtract line 18 from line 12 2,647,095. 2,401,590. 19 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 15,060,503. 16,726,739. 21 Total liabilities (Part X, line 26) 6,159,216. 5,168,840. 22 Net assets or fund balances. Subtract line 21 from line 20 8,901,287. 11,557,899. Part II Signature Block Signature Block 8.901,287. 11,557,899. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8.13*13 Sign Signature of officer 8.13*13 Date Signature of officer CATHERINE A. MELOY PRESIDENT & CEO P1N Print/Type preparer's name Preparer's signature P1N Firm's name RAFFA, P.C. Firm's cent 900639053 Firm's address 1899 L STREET, NW, SUITE 900 Phone no. (202) 822-5000 Was the IRS discuss this return with the preparer shown above? (see instructions) X yes No		11/			11, 120, 002.						
Beginning of Current Year End of Year 15,060,503. 16,726,739. 20 Total assets (Part X, line 16) 5,168,840. 21 Total liabilities (Part X, line 26) 6,159,216. 5,168,840. 22 Net assets or fund balances. Subtract line 21 from line 20 8,901,287. 11,557,899. Part II Signature Block 8,901,287. 11,557,899. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 8.13/13 Signature of officer Date Print/Type or print name and title Parid Prank H. SMITH Preparer's signature Date Firm's name RAFFA, P.C. Firm's eadress 1899 L STREET, NW, SUITE 900 WaSHINGTON, DC 20036 Phone no. (202) 822-5000 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No											
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here CATHERINE A. MELOY PRESIDENT & CEO Print/Type preparer's name Preparer's signature FRANK H. SMITH Frank H. Smith Preparer Bate Firm's name RAFFA, P.C. Firm's address 1899 L STREET, NW, SUITE 900 WaSHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes	26	2019 2019	Revenue less expenses. Subtract line 18 from line 12								
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Sign Bignature of officer Bignature of officer Date Here CATHERINE A. MELOY PRESIDENT & CEO Date Print/Type or print name and title Preparer's signature Date Print/Type preparer's name Preparer's signature Date FRANK H. SMITH Frank H. Smith 08/13/13 ^{if} Preparer Firm's name RAFFA, P.C. Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes						knowledge and belief, it is					
Sign Here Signature of officer Date CATHERINE A. MELOY PRESIDENT & CEO Type or print name and title Date Print/Type preparer's name FRANK H. SMITH Preparer's signature Frank H. Smith Date Preparer Prim's name RAFFA, P.C. Use Only Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Firm's EIN May the IRS discuss this return with the preparer shown above? (see instructions) X yes No											
Here CATHERINE A. MELOY PRESIDENT & CEO Image: Print/Type or print name and title Preparer's signature Paid Print/Type preparer's name Preparer's signature FRANK H. SMITH Frank H. Smith 08/13/13 Preparer Firm's name RAFFA, P.C. Use Only Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X yes	Cignature of officer										
Image: Property of print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature FRANK H. SMITH Fronte H. Smith Preparer Firm's name Firm's name RAFFA, P.C. Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X yes											
Paid FRANK H. SMITH Frank H. Smith 08/13/13 # 00639053 Preparer Firm's name RAFFA, P.C. Firm's EIN 52-1511275 Use Only Firm's address 1899 L STREET, NW, SUITE 900 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No					· · · · · · · · · · · · · · · · · · ·						
Preparer Firm's name RAFFA, P.C. Firm's EIN 52-1511275 Use Only Firm's address 1899 L STREET, NW, SUITE 900 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X yes No	Print/Type preparer's name Preparer's signature Date Check PTIN										
Use Only Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions)	Paid FRANK H. SMITH Frank H. Smith 08/13/13 self employed P006										
WASHINGTON, DC 20036 Phone no. (202) 822-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes		•				52-1511275					
May the IRS discuss this return with the preparer shown above? (see instructions)	Us	e Only			0	02) 822-5000					
	M	av the I									
	_			ctions.							

*** ELECTRONICALLY FILED ON 08/13/2013 ***

	3-0196588	Pa
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III		
1 Briefly describe the organization's mission:		
GOODWILL OF GREATER WASHINGTON'S MISSION IS TO TRANSFORM	LIVES AND	
COMMUNITIES THROUGH THE POWER OF EDUCATION AND EMPLOYMENT		
PROVIDES FREE JOB TRAINING AND EMPLOYMENT SERVICES TO PEOL		
DISADVANTAGES AND DISABILITIES THROUGHOUT THE GREATER WAS		
		<i></i>
2 Did the organization undertake any significant program services during the year which were not listed on	Yes	v
the prior Form 990 or 990-EZ?	Yes	
If "Yes," describe these new services on Schedule O.		
B Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X
If "Yes," describe these changes on Schedule O.		
Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by expense:	s.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	he total expenses,	and
revenue, if any, for each program service reported.		
Ha (Code:) (Expenses \$ 16,814,199. including grants of \$) (Revenue \$	20,206,	14
DONATED GOODS: GOODWILL OF GREATER WASHINGTON'S RETAIL STO		
DONATION CENTERS ARE CENTRAL TO THE FULFILLMENT OF GOODWIJ		ON
TO PROVIDE JOBS, JOB TRAINING AND EMPLOYMENT SERVICES FOR		
DISADVANTAGES AND DISABILITIES. IN 2012, ALMOST \$20.3 MIL		
GENTLY USED CLOTHING, FURNITURE, AND OTHER HOUSEHOLD GOOD		
PRICED AND SOLD IN GOODWILL'S 14 RETAIL LOCATIONS PLUS ON		
OUR CUSTOMERS HUNDREDS OF THOUSANDS OF DOLLARS ON QUALITY		
GOODS, WHILE PROVIDING THE REVENUE NECESSARY TO FUND OUR (
TRAINING PROGRAMS. IN 2012, ALMOST 1.2 MILLION TRANSACTION	NS WERE MA	DE
AND SOME 512,000 PEOPLE GENEROUSLY DONATED THESE GOODS, KI	EEPING 20.	5
MILLION POUNDS OF DONATED GOODS OUT OF AREA LANDFILLS. MO	ST COMPUTE	IRS
ARE NOW RECYCLED THROUGH THE DELL RECONNECT PROGRAM RESULT	FING IN TH	IE
B (Code:) (Expenses \$ 9,059,257. including grants of \$) (Revenue \$	10,468,	
CONTRACTS: ONE OF GOODWILL OF GREATER WASHINGTON'S MOST ST		
BUSINESS AND MISSION FULFILLMENT OPERATIONS IS ITS CONTRACT		s
DIVISION. IN 2012, UNDER THE ABILITY ONE PROGRAM, GOODWILL		
MORE THAN 200 PEOPLE IN ITS 13 CONTRACT SITES THROUGHOUT		
INCLUDING THE BUREAU OF ENGRAVING & PRINTING, THE NATIONAL		
ART, THE OLD POST OFFICE PAVILION, BOLLING AIR FORCE BASE		
GEOLOGICAL SURVEY. MORE THAN 79% OF ALL THE LABOR HOURS PI)N
THESE CONTRACTS ARE PERFORMED BY INDIVIDUALS WITH SIGNIFIC		
DISABILITIES. GOODWILL PROVIDES CUSTODIAL, GROUNDS MAINTE	NANCE, AND)
GLASSWARE CLEANING SERVICES TO GOVERNMENT AND COMMERCIAL	FACILITIES	5.
GOODWILL OFFERS ITS EMPLOYEES HOPE, DIGNITY, AND A FUTURE	FOR	
THEMSELVES AND THEIR FAMILIES. GOODWILL IS ALL ABOUT PEOPI		
Image: Control Contro Control Contron Control Control Control Control Control Control C	1,111,	
WORKFORCE DEVELOPMENT: IN 2012, GOODWILL OF GREATER WASH		
WORKFORCE DEVELOPMENT DIVISION PROVIDED JOB TRAINING, EMPI		חו
OTHER SUPPORTIVE SERVICES TO OVER 3,200 PEOPLE WITHIN THE		
GOODWILL'S THREE CAREER CENTERS AND EXCEEDED ITS PLACEMENT		
		· — –
SECURING PERMANENT EMPLOYMENT FOR 220 PROGRAM GRADUATES.		
AVERAGED A STARTING WAGE OF \$13.36/HOUR. THESE CRITICAL SI		RE
FUNDED THROUGH THE REVENUE GENERATED BY GOODWILL'S CONTRAC		
OPERATIONS, THE DONATIONS SOLD AT GOODWILL'S 14 AREA RETAIN		
THROUGH THE GENEROUS FINANCIAL SUPPORT OF OUR INDIVIDUAL	AND CORPOR	RAT
DONORS. THE COMMUNITY DEMAND FOR WORKFORCE DEVELOPMENT SEI	RVICES	
CONTINUES TO GROW DUE TO THE RECOGNITION OF GOODWILL'S SU		
PLACING PEOPLE WHO HAVE BEEN MOST CHALLENGED IN FINDING EN		ON
		014
Id Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)	
le Total program service expenses ► 28,251,164.		
	Form 9	990
2002	Tohne	
SEE SCHEDULE O FOR CONTINUATION(S)		
2002 -10-12SEE SCHEDULE O FOR CONTINUATION(S)2250813 786783 GGW2012.04010 DAVIS MEMORIAL GOODWIL	COPY	

Form 990 (2012)

12260813 786783 GGW

DAVIS MEMORIAL GOODWILL INDUSTRIES

53-0196588 Page 3

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	x	
•	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2		2	- 23	
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> " <i>Yes</i> ," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-		0		- 23
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ <u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C				x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		<u> </u>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
18		10	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

2012.04010 DAVIS MEMORIAL GOODWILL

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12260813 786783 GGW

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Form 990 (INDUSTRIES				
Part IV Checklist of Required Schedules (continued)									

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (Å), line 22 II 'Yes,' complete Schedule I, Part I and III 22 X 23 Did the organization answer 'Yes' to Part IV, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 X 24a Did the organization answer 'Ines' 24b through 24d and complete Schedule K. I' No', go to line 25. 24a X 24b Did the organization answer answer ines' 24b through 24d and complete Schedule K. I' No', go to line 25. 24a X 24a Did the organization answer any coreceds of tax exampt bonds beyond a temporary period exception? 24a X 24b Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 501(c)(3) and 501(c)(4) organization's onganization's engine in an excess benefit transaction with a disqualified person any tory year, and that the transaction has no toben reported on any of the organization signe forms 900 or 900-227. If 'Yes,' complete Schedule L, Part I 25a X 250 Was a loan to or by a current or former officer, director, trustee, key employee, ubstantial contributions or applicable film thresholds, conditions, and exceptions? 25b X 261				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes, "complete Schedule I, Part I and III 22 X 23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002; If 'Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 24a X 24b Did the organization and as an 'on behalf of 'Issuer for bonds outstanding at any time during the year? 24d 24d 25 Section 501(c)(3) and 501(c)(4) organizations. Did the organization enging in an excess benefit transaction with a disqualified person using the year? 25a X 25 Section 501(c)(3) and 501(c)(4) organization's pior Forms 900 or 900-E27 II 'Yes,' complete Schedule L, Part I 25a X 26 Was a loan to or by a current or former officer, director, trustee, key employee, ustantial contributor or employee thereof, a grant selection committee member, or a 35% complete Schedule L, Part I V 25a X 27 Was alon to or y a current or former officer, director, trustee, key employee, Ustantil contributors of applica	21		21		x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, its was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 255 Section 501(c)(3) and 501(c)(4) organizations. Did the organization is and 501(c)(4) organization. Did the organization is and 501(c)(4) organizations. Did the organization is and that the ransaction is an 'on behal of' lissuer for bonds outstanding at any time during the year? 24d 24d 256 Section 501(c)(3) and 501(c)(4) organizations. Did the organization's benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25b X 267 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during as of the end of the organization's aware with a disqualified person and to a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 28a <td< th=""><td>22</td><td>Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,</td><td>22</td><td></td><td>x</td></td<>	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		x
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instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a X b If "Yes" to line 35a, did the		of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X					
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31 Did the organization liquidate, terminate, or dissolve and cease operations? 31 31 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 31 32 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X	30		30		x
 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 	31				
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34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X	33				
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a	X	
······································	b			v	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			35b	Å	
	36		36		x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37				
			37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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		Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form **990** (2012)

____1

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232005 12-10-12

Form 990 (2012) Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	75			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1	c	Х	
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 7	95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		_	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3	b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	a		X
b	If "Yes," enter the name of the foreign country:	-			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		_		~
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5	c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				x
L.	any contributions that were not tax deductible as charitable contributions?	6	a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6	۲		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	or? 7		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	···	-		
Ŭ	to file Form 8282?	7			x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		Ύf		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	3		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	9	a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9	b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		2		
		12			
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13	2.2		
d	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				
5	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14	1a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14			

012)	DAVIS	MEMORIAL	GOODWILL	INDUSTRIES
Statements	Regarding	Other IRS Fili	ngs and Tax C	Compliance

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

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Form **990** (2012)

DAVIS MEMORIAL GOODWILL INDUSTRIES

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

Check if Schedule O contains a response to any question in this Part VI						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		Х

	officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a		8a	X X	
	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	, , , , , , , , , , , , , , , , , , , ,	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	x	
13		13	X	
13 14		14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	- 23	
15				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	~~	
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
	taxable entity during the year?	16a		Δ

b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	
Sac	tion C. Disclosure		

List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA , MD 17

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	ROSA PROCTOR - (202) 636-4225
	2200 SOUTH DAKOTA AVENUE, NE, WASHINGTON, DC 20018

SOUTH DAK	OTA AVENUE,	NE,	WASHINGTON,	DC	20018
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232006 12-10-12

6 2012.04010 DAVIS MEMORIAL GOODWILL Form 990 (2012)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

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

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

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

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

(A)	(B)			(0		npe	iout	(D)	(E)	(F)
Name and Title	Average	(-1.		Pos	ition		o n -	Reportable	Reportable	Estimated
	hours per	box	, unle	heck more than one ss person is both an			h an	compensation	compensation	amount of
	week		officer and a direc		irecto	or/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		e	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	L_			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) EARL SEGAL	1.00				-					
CHAIR		x		х				0.	0.	0.
(2) GLEN S. HOWARD	1.00									
SECRETARY		x		х				0.	0.	0.
(3) ADRIAN CHAPMAN	1.00									
TREASURER		x		х				0.	0.	Ο.
(4) THOMAS CHAPMAN	1.00									
DIRECTOR		x						0.	Ο.	Ο.
(5) JAMES DINEGAR	1.00									
DIRECTOR		X						0.	0.	0.
(6) ELIZABETH KARMIN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ANN MCLEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) GUYLAINE SAINT JUSTE	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KENNETH SAMET	1.00									-
DIRECTOR		Х						0.	0.	0.
(10) CAROLYN STENNETT	1.00									
DIRECTOR		X						0.	0.	0.
(11) JOHN WHALEN	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(12) JOHN WILSON	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(13) APRIL YOUNG	1.00	37						0	0	0
DIRECTOR	10 00	X						0.	0.	0.
(14) CATHERINE A. MELOY	40.00	v		v				205 116	0.	88,097.
PRESIDENT & CEO	40.00	X		Х				385,116.	0.	00,097.
(15) ROSA PROCTOR CHIEF FINANCIAL OFFICER	40.00			v				207,670.	0.	17 011
(16) MICHAEL FROHM	40.00			Х				207,070.	0.	17,911.
(16) MICHAEL FROHM CHIEF OPERATING OFFICER	40.00				x			193,864.	0.	11 063
(17) RICHARD J. COLE	40.00		<u> </u>		^			195,004.	0.	14,063.
CHIEF INFORMATION OFFICER						x		174,524.	0.	1,605.
			I		I	1		,4,44.	0.	Form 990 (2012)
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Form 990 ((2012)
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DAVIS MEMORIAL GOODWILL INDUSTRIES 53-0196588 Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st (Compensated Employe	es (continued)						
(A)	(B)				C)			(D)	(E)		(F	=)			
Name and title	Average	(do		Pos heck		ר than than	one	Reportable	Reportable						
	hours per week					is bot or/trus			compensatio		Estimated amount of other compensation from the organization and related organizations 8,567 6,333				
	(list any						ŕ	_ from the	from related organization						
	hours for	direct				_		organization	(W-2/1099-MI						
	related	ee or	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 1110	50,					
	organizations	trust	ıal tru		yee	ompe					•				
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	Former				organiz	zations			
	line)	lndi	Inst	Officer	Key	Higlem	For								
(18) BRENDAN HURLEY	40.00							1.50.000			•				
CHIEF MARKETING OFFICER						Х		168,929.		0.	8,	,567.			
(19) DAVID SULLIVAN	40.00							1.54.004			-				
VICE PRESIDENT, RETAIL						Х		174,304.		0.	6,	<u>,333.</u>			
(20) HANNIBAL BRUMSKINE II	40.00														
SR DIRECTOR OF FINANCE & COMPLIANCE						X		133,655.		0.	15,	,863.			
(21) COLLEEN PALETTA	40.00														
VICE PRESIDENT, WORKFORCE DEVELOPMEN						Х		105,137.		0.	1,	,100.			
1b Sub-total								1,543,199.		0.	<u> 153,</u>	,539.			
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.			
d Total (add lines 1b and 1c)								1,543,199.		0.	<u> 153,</u>	,539.			
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le					
compensation from the organization												9			
											Ye	es No			
3 Did the organization list any former officer,	director, or tru	ustee	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on						
line 1a? If "Yes," complete Schedule J for s	uch individual										3	<u> </u>			
4 For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	atior	n and	d ot	her compensation from	the organization						
and related organizations greater than \$150),000? If "Yes,	" CO	mple	ete S	Sch	edule	ə J i	for such individual			4 X	ζ			
5 Did any person listed on line 1a receive or a	accrue compe	nsati	ion f	rom	i any	y unr	elat	ted organization or indiv	idual for services	\$					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5	X			
Section B. Independent Contractors															
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors	that received more than	\$100,000 of con	npens	ation fror	n			
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithi	n the organization's tax	year.						
(A)								(B)		1	(C)				
Name and business								Description of s		C	ompensa	ation			
SOURCEAMERICA (FORMERLY N	-							PROCUREMENT							
8401 OLD COURTHOUSE ROAD,					22	182		FEDERAL CONT			<u> 349 ,</u>	,032.			
CERIDIAN, 3311 E. OLD SHA	KOPEE I	ROZ	۹D,	,				PAYROLL PROC	ESSING						
BLOOMINGTON, MN 55425								SERVICES			<u> 121 ,</u>	,102.			
		_	_	_	_	_					_	_			
		_	_	_	_	_				_	_	_			
2 Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	steo	d above) who received n	nore than						
\$100,000 of compensation from the organized	zation 🕨					2									
232008											Form 99	0 (2012)			
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						8					ענ v				

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	Form 990 (20	12)	L	AVIS	M.
l	Part VIII	Stateme	nt of	Reven	ue

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		Check if Schedule	e O cont	ains a response	to any question	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	a Federated campaigns		1a	37,465.				
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b					
Am C		c Fundraising events			143,439.				
lar Gif	(d Related organizations		1d					
ini,	e	e Government grants (c	ontribut	ions) 1e	447,938.				
e tio	1	f All other contributions, g	ifts, gran	ts, and					
i și		similar amounts not inclu	uded abo	ve 1f 6,	231,201.				
t p		g Noncash contributions includ			313,344.				
<u>a C</u>		h Total. Add lines 1a-1f			<u> </u>	6,860,043.			
	_		דזזמיםי	OF TNO	Business Code	10469701	10469701		
lice	2 8		ERVI	CE INC.	900099	10468791.	10468791.		
Ser		b							
n Ser		۲							
Program Service Revenue		d							
Pre	1	f All other program serv	ice reve	nue					
		g Total. Add lines 2a-2f				10468791.			
	3	Investment income (in							
		other similar amounts)		►	125,852.		5,319.	120,533.
	4	Income from investme	ent of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties			►				
				(i) Real	(ii) Personal				
		a Gross rents							
		b Less: rental expenses							
		c Rental income or (loss			L				
		d Net rental income or (
	/ 6	 Gross amount from sa assets other than inve 		(i) Securities 2456787 .	(ii) Other				
		b Less: cost or other ba	-						
		and sales expenses		2398398.					
	(c Gain or (loss)		58,389.					
		d Net gain or (loss)				58,389.			58,389.
en	8 8	a Gross income from fu	ndraisin	g events (not					
		including \$1	43,4	39. of					
Other Reven		contributions reported	d on line						
Jer					22,943.				
đ		b Less: direct expenses			106,602.	-83,659.			92 650
		c Net income or (loss) fr			····· >	-03,039.			-83,659.
	90	a Gross income from ga Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) fr			•				
		a Gross sales of invento							
		and allowances		а	20206140				
	I	b Less: cost of goods se	old	b	4522473.				
	(c Net income or (loss) fr				15683667.	15683667.		
		Miscellaneous			Business Code	451 562	451 562		
	11 a	a SERVICE CON			900099	451,563.	451,563.		07 360
	I	b SUBLEASE IN c OTHER INCOM		<u> </u>	900099 900099	87,360. 64,394.			87,360. 64,394.
	(500055	04,394.			04,374.
		 d All other revenue e Total. Add lines 11a-1 			L	603,317.			
	12	Total revenue. See instr			····· F	33716400.	26604021.	5,319.	247,017.
23200 12-10-					F			· , · ·	Form 990 (2012)
0						9			
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DAVIS MEMORIAL GOODWILL INDUSTRIES

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (B) (C)(D) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 826,006. 620,402. 134,324. 71,280. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 15,164,846. 14,097,217. 794,406. 273,223. Other salaries and wages 7 Pension plan accruals and contributions (include 8 9,606. 90,016. 77,236. section 401(k) and 403(b) employer contributions) 3,174. 68,914. Other employee benefits 2,460,277. 2,355,350. 36,013. 9 1,320,116. 1,227,522. 66,768. 25,826. Payroll taxes 10 11 Fees for services (non-employees): 6,997. 397,390. 279,641. 110,752. Management а 13,383. 64,628. 43,686. 7.559. Legal b 45,380. 45,380. Accounting С d Lobbying 39,000. 39,000. Professional fundraising services. See Part IV. line 17 ρ 37,312. 31,044. 5,779. 489. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 239,171 237,864. 980. 327. column (A) amount, list line 11g expenses on Sch 0.) 257,692. 12,206. 210,801. 34,685. Advertising and promotion 12 1,695,036. 1,458,889. 179,543. 56,604. 13 Office expenses 188,069. 120,634. 7,321. 60,114. Information technology 14 15 Royalties 4,983,987. 4,627,302. 267,514. 89,171. 16 Occupancy 375,516. 323,914. 33,343. 18,259. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,725. 2,953. 5,700. 72. 20 Interest Payments to affiliates 21 92,866. 747,499. 561,768. 92,865. 22 Depreciation, depletion, and amortization 240,958. 209,532. 25,200. 6,226. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 685,273. 518,684. 99,480. 67,109. OTHER EXPENSES а AUCTION FEES 614,988. 614,988. h 435,686. 433,093. CLEANING SUPPLIES 1,225. 1,368. С d NISH COMMISSIONS 397,239. 397,239. е All other expenses 31,314,810. 28,251,164. 2,173,285. 890,361. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Form 990 (2012)

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Part X Balance Sheet

	3	Pledges and grants receivable, net				3	
	4				3,583,052.	4	1,427,027.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disguali		E			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			276,044.	8	358,633.
1	9				593,589.	9	768,738.
		Land, buildings, and equipment: cost or other			· ·	_	
		basis. Complete Part VI of Schedule D	10a	12,067,820.			
	b	Less: accumulated depreciation		7,785,417.	4,139,847.	10c	4,282,403.
	11	Investments - publicly traded securities			3,208,140.	11	3,837,317.
	12	Investments - other securities. See Part IV, line 1			30,000.	12	
	13	Investments - program-related. See Part IV, line		,	13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		2,445,651.	15	3,099,782.	
	16	Total assets. Add lines 1 through 15 (must equa		15,060,503.	16	16,726,739.	
	17	Accounts payable and accrued expenses	2,168,840.	17	1,877,835.		
	18				2,200,0100	18	2707770000
	19	Grants payable		29,649.	19	0.	
	20	Deferred revenue Tax-exempt bond liabilities		2570150	20	```	
<i>"</i>	20 21	Escrow or custodial account liability. Complete I		20			
Liabilities	22	Loans and other payables to current and former			21		
bili	22	key employees, highest compensated employee					
Lia		Complete Dout II of Coloradula I				22	
	22	Secured mortgages and notes payable to unrela		d partica	2,245,072.	22	1,580,764.
	23 24			· · · · · · · · · · · · · · · · · · ·	2,215,072.	23	1,500,7040
		Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	-	1,715,655.	25	1,710,241.
	06				6,159,216.	25 26	5,168,840.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			0,100,210.	20	5,100,040.
<u>ر</u>		complete lines 27 through 29, and lines 33 an					
ces	07				8,266,735.	27	10,805,333.
lan		Unrestricted net assets Temporarily restricted net assets			139,744.	27	257,758.
<u>B</u>	28			494,808.	20 29	494,808.	
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A			494,000.	29	454,0000
Ē), check here ▶ 📖				
S S	20	and complete lines 30 through 34.				30	
sel	30	Capital stock or trust principal, or current funds		30			
Net Assets or Fund Balan	31 22	Paid-in or capital surplus, or land, building, or eq		31			
Nei	32	Retained earnings, endowment, accumulated in		8,901,287.	32	11,557,899.	
	33 24	Total net assets or fund balances		15,060,503.	33 34	16,726,739.	
	34	Total liabilities and net assets/fund balances			±3,000,303•	34	Form 990 (2012)
							Form 330 (2012)

DAVIS MEMORIAL GOODWILL INDUSTRIES

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

Savings and temporary cash investments

Cash - non-interest-bearing

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(B) End of year

14,825.

1

2,938,014.

(A) Beginning of year

784,180.

0.

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DAVIS MEMORIAL GOODWILL INDUSTRIES

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	990 (2012) DAVIS MEMORIAL GOODWILL INDUSTRIES	53	-0196	588	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,31		
3	Revenue less expenses. Subtract line 2 from line 1	3		,40		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	,90		
5	Net unrealized gains (losses) on investments	5		26	0,3	41.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	5,3	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	11	, 55	7,8	99.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	З,			
	consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	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 requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

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	DULE A 90 or 990-EZ)	Puk	Public Charity Status and Public Support						1545-004	47		
	of the Treasury	asury Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						ZU Open to	D Publication	ic		
Name of t	the organizati			лп 990-е.	2. 🗲 3ee	separate	Instructio		mplover	identificati		mher
Nume of t			EMORIAL GOOD	WTT.	TNDIIC	ᡢᠣ᠇ᢑᢈ		-		3-0196		
Part I	Reason		ity Status (All organiz					tructions		J-0190	500	
								liuctions.				
			because it is: (For lines 1									
			s, or association of church			ection 170	(D)(1)(A)(I)).				
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of							ula a la a a a 14 a l	1	
4 📖			operated in conjunction	with a hos	pital desci	ribed in se	ction 1/0	(b)(1)(A)(II	I). Enter	the hospital	's nam	ie,
	city, and stat											
5 📖	-	-	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describ	ied in		
		(b)(1)(A)(iv). (Comple										
6			ent or governmental unit									
7 X			eives a substantial part of	of its supp	oort from a	governme	ental unit o	or from the	general	public desc	ribed i	n
		b)(1)(A)(vi). (Comple										
8			ection 170(b)(1)(A)(vi).									
9 📖			eives: (1) more than 33 1									
			nctions - subject to certa	-		-				-		
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	ıx) from bu	isinesses a	acquired b	by the orga	nization	after June 3	0, 197	′5.
		509(a)(2). (Complete										
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of	, or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Ch	eck the box	that	
			organization and comple									
	a 📖 Type I				nctionally	-		• •		n-functional		-
e 📖	By checking	this box, I certify tha	at the organization is not	controllec	directly o	r indirectly	y by one o	r more dis	qualified	persons oth	ier tha	ın
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	section 509	9(a)(1) or	section 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g			organization accepted ar									<u> </u>
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed	in (ii) and (iii) below	,	Yes	No
	•	• •								11g(i)		
			n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			i									
(i) Name	(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col (vi) Is the organization in col						netary					
organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organized in the U.S.?				ed in the	sup	port						
				Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2012

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Total

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Schedule A (Form 990 or 990-EZ) 2012 DAVIS MEMORIAL GOODWILL INDUSTRIES

Part II

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

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1

Sec	ction A. Public Support						-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4153050.	3849779.	4910899.	5490800.	6860043.	25264571.
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	4153050.	3849779.	4910899.	5490800.	6860043.	25264571.
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)						373,377.
	Public support. Subtract line 5 from line 4.						24891194.
	ction B. Total Support						i
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	4153050.	3849779.	4910899.	5490800.	6860043.	25264571.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	151 064	104 650	101 005	074 200	207 002	070 040
	and income from similar sources \dots	151,264.	124,658.	121,805.	274,328.	207,893.	879,948.
9	Net income from unrelated business						
	activities, whether or not the	15 520	F 4F0		F 10F	2 212	25 200
	business is regularly carried on	15,539.	5,458.	6,035.	5,135.	3,213.	35,380.
10	Other income. Do not include gain						
	or loss from the sale of capital	10 040	25 070	20 520	10 106	61 201	151 041
	assets (Explain in Part IV.)	10,842.	25,970.	39,539.	10,496.		<u>151,241.</u> 26331140.
	Total support. Add lines 7 through 10						,779,921 .
	Gross receipts from related activities,	,	,				,119,941.
13	First five years. If the Form 990 is for	•			-		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (f))		14	94.53 %
	Public support percentage from 2011		•	(//		15	94.19 %
	33 1/3% support test - 2012. If the c						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	•				-	
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						IS ►
) or 990-EZ) 2012

232022 12-04-12

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

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

(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1					
(2) 2008	(b) 2000	(a) 2010	(d) 2011	(a) 2012	(f) Total
(a) 2000	(b) 2003	(0) 2010	(0) 2011	(6) 2012	
the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
					Þ[
ine 8, column (f) d	livided by line 13 ,	column (f))		15	
Schedule A, Part	III, line 15		<u></u>	16	
stment Incom	e Percentage				
12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	
					17 is not
		,,, , _ , 			0 or 990-F7
		15)V
203	12.04010		ORTAL GOO		GGW
	(a) 2008 (a) 2008 (a) 2008 (b) 2008 (c)	(a) 2008 (b) 2009 (a) 2008 (b) 2009 (a) 2008 (b) 2009 (b) 2009 (c)	(a) 2008 (b) 2009 (c) 2010 (a) 2008 (b) 2009 (c) 2010 (a) 2008 (b) 2009 (c) 2010 (c)	(a) 2008 (b) 2009 (c) 2010 (d) 2011 (b) 2009 (c) 2010 (d) 2011 (d) 2011 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (b) 2009 (c) 2010 (d) 2011 (d) 2011 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (b) 2009 (c) 2010 (d) 2011 (d) 2011 (c) 2010 (d) 2011 (d) 2011 (d) 2011 (c) 2011 (c) 2010 (d) 2011 (d) 2011 (c) 2011 (c) 2011 (d) 2011 <td>(a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (c) 2010 (d) 2011 (e) 2012 (c) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2010 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 201</td>	(a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (c) 2010 (d) 2011 (e) 2012 (c) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 2010 (d) 2011 (e) 2012 (c) 2010 (c) 2010 (d) 2011 (e) 2012 (c) 2011 (c) 201

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

Name of the o	rganization
---------------	-------------

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

	DAVIS MEMORIAL GOODWILL INDUSTRIES	53-0196588
Organization type (che	ck 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2012)



OMB No. 1545-0047

Name of organization

17

Employer identification number

53-0196588

DAVIS MEMORIAL GOODWILL INDUSTRIES

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>400,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$300,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	¹⁻¹² 3 786783 GGW 2012.04010 DAVIS M		990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page 3
Name of organization	Employer identification number
DAVIS MEMORIAL GOODWILL INDUSTRIES	53-0196588

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$Schedule B (Form G	990, 990-EZ, or 990-PF
23453 12-21-12	18		

Part III	MEMORIAL GOODWILL IND Exclusively religious, charitable, etc., inc year. Complete columns (a) through (e) and the total of exclusively religious, charitable, of	dividual contributions to section 501(I the following line entry. For organizati etc., contributions of \$1,000 or less fo	c)(7), (8), or (10) organizatio ons completing Part III, enter or the year. _{(Enter} this information onc	$\frac{53 - 0196588}{1,000}$ Sons that total more than \$1,000 =) \blacktriangleright \$		
	Use duplicate copies of Part III if addition	onal space is needed.				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
-		(-) T ransformed and a				
		(e) Transfer of gi				
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
ŀ						
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	Insferor to transferee		
.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
·						
-		(e) Transfer of gi	 ft			
	Transferee's name, address,			insferor to transferee		
a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
— ·						
\vdash	(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of tra	insferor to transferee		
				B (Form 990, 990-EZ, or 990-PF		

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

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public
Inspection

Nam	e of the organization DAVIS MEMORIAL GOO	DDWILL INDUSTRIES	Employer identification number 53-0196588
Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		inde
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
0	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organiza		, me 7.
•	Preservation of land for public use (e.g., recreation or		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2		lified appearsation contribution in the form of a	concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qua		conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
•	Total number of concentration accoments		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic si		2c
a	Number of conservation easements included in (c) acquired	-	2d
3	listed in the National Register		
3	year	eleased, extinguished, or terminated by the orga	
4	Number of states where property subject to conservation e	asement is located	
5	Does the organization have a written policy regarding the po		
Ŭ	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
Ũ	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva		
Ũ	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.		i gamzation o accounting for
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance of	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tr		
-	the following amounts required to be reported under SFAS		· · · · ·
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
~			···· F T

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12 Schedule D (Form 990) 2012

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	20		(
2012.04010	DAVIS	MEMORIAL	GOODWILL

		EMORIAL GO						53-01			age 2
Par	t III Organizations Maintaining C	ollections of A	t, Histori	ical Tr	easures, o	or Othe	er Simi	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the	following tha	t are a s	ignifican	t use of its	collection	n item	s
	(check all that apply):										
а	Public exhibition	d	Loa Loa	n or exc	hange progra	ams					
b	Scholarly research	е	U Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further t	he organizati	on's exe	mpt purp	pose in Par	t XIII.		
5	During the year, did the organization solicit of								_		,
_	to be sold to raise funds rather than to be ma							L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	janizatio	n answered '	'Yes" to	Form 99	0, Part IV,	line 9, or		
4.			law fay and					-1			
Та	Is the organization an agent, trustee, custod								Yes] No
I -	on Form 990, Part X?							······ ∟	⊥ tes	<u> </u>	INO
a	If "Yes," explain the arrangement in Part XIII	and complete the to	liowing table	e:				1	A		
	De sins in a la star es								Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
' 2a	Ending balance Did the organization include an amount on F	orm 990 Part X line	212						Yes		No
	If "Yes," explain the arrangement in Part XIII.							······ <u> </u>	_ 100		
Par											
	· · · ·	(a) Current year	(b) Prior		(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	486,727.		4,808.		3,680.	. ,	840,439.		840,	
	Contributions										
	Net investment earnings, gains, and losses	50,450.	_	8,081.	53	3,617.		174,887.			
	Grants or scholarships										
	Other expenditures for facilities										
	and programs	42,369.			487	7,489.		86,646.			
f	Administrative expenses										
g	End of year balance	494,808.	48	6,727.	494	4,808.		928,680.		840,	439.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, c	olumn (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment 100.00	%	_								
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held a	nd administe	red for t	he orgar	nization	-		
	by:									Yes	No
	(i) unrelated organizations								. 3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations								. 3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>									
Par	t VI Land, Buildings, and Equipm	1			i						
	Description of property	(a) Cost or o		• •	or other	• •	ccumula		(d) Book	value	9
		basis (investn	· · ·		(other)	aep	preciatio		1 010		<u></u>
	Land				8,700.	2 (000 0		1,218		
	Buildings				0,882.		998,2			2,64	
	Leasehold improvements				2,522.		979,0			3,50	
	Equipment				0,656.		905,3			5, 26	
	Other			-	5,060.	-	902,7			2,2	
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	x, column (в), Iine 1	U(C).)				4,282		
								Schedule	D (Form	990)	2012

232052 12-10-12

		LL INDUSTRIES	53	-0196588	Page 3
Part VII Investments - Other Securities. See			- Lasting Oration and	1 - 6	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related. Se	e Form 990. Part X.	line 13.			
(a) Description of investment type	(b) Book value		aluation: Cost or end	d-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►					
Part IX Other Assets. See Form 990, Part X, line				(1) D	
	Description			(b) Book va	
(1) DEPOSITS AND LOAN COSTS					837.
(2) DUE FROM AFFILIATE				2,831,	,945.
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)					
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15)		`	3,099	782
Part X Other Liabilities. See Form 990, Part X, I			·····	5,055	102.
1. (a) Description of liability	in le 23.	(b) Book value			
(1) Federal income taxes		(2) 2001 12:00			
(1) receive taxes (2) CHARITABLE GIFT ANNUITIES		116,880.			
(3) DEFERRED RENT		1,451,236.			
(4) DEFERRED COMPENSATION LIA	BILITY	116,806.			
(5) CAPITAL LEASE OBLIGATION		25,319.			
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🕨	1,710,241.			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			statements that rep	orts the organiza	tion's
liability for uncertain tax positions under FIN 48 (ASC 7					X

1

232053 12-10-12

Sche	dule D (Form 990) 2012 DAVIS MEMORIAL GOODWILL IND	USTRIES	53-	0196588	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Retu	irn	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
	t XIII Supplemental Information				
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III			2b; Part V, line 4	l; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to RT V, LINE 4: GOODWILL'S ENDOWMENT CONSISTS		tion.		
PAR	(I V, LINE 4: GOODWILL S ENDOWMENT CONSISTS	OF FOOR FONDS			
EST	ABLISHED FOR A VARIETY OF PURPOSES: NATION	IAL LIBRARY FOR	THE	BLIND	
(E1	TA J. GRIFFIN MEMORIAL TRUST FUND), MABEL	J. LANGHORNE FU	JND,	HAZEL A	ND
KAI	RL FENNING FUND, AND FENNING-MURRAY SOCIAL	SERVICE ENDOWME	ENT I	FUND.	
PAF	RT X, LINE 2: GOODWILL PERFORMED AN EVALUAT	ION OF UNCERTAI	IN T	AX	

POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2012, AND DETERMINED THAT THERE

WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED

Schedule D (Form 990) 2012

232054 12-10-12

23 2012.04010 DAVIS MEMORIAL GOODWILL IND GGW____1

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Schedule D (Form					AL GO	ODWI	LL IND	USTR	IES	53-019	6588 Page
Part XIII Supp	plemental Inform	ation	l (continue	ed)							
FINANCIAL	STATEMENTS	OR	THAT	MAY	HAVE	ANY	EFFEC	I ON	ITS	TAX-EXEMP1	STATUS.
										Cabadula	D (Form 990) 20
32055 2-10-12										Schedule	2 (FUITH 990) 20
60813 786	783 GGW		2	012.	04010	24 DAV	IS MEM	IOR I A	L GC	DODWILL IND	GGW

SCHEDULE G	
------------	--

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047

	the organization entered more than Attach to Form 990 or Form 990-E				Inspection
Name of the organization					dentification numbe
DAVIS M	IEMORIAL GOODWILL I	NDUST	RIES	53-019	6588
Part I Fundraising Activities required to complete this part	• Complete if the organization answe	ered "Yes"	to Form 990, Part IV, li	ine 17. Form 990-I	EZ filers are not
 Indicate whether the organization rai Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, F If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X Solicitat f X Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of non- tion of gove fundraising (including professional	government grants ernment grants g events officers, directors, trus I fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions	from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	
AMANI GLOBAL CONSULTING LLC - 6314 SE 20TH AVENUE,	DIRECT MAIL CAMPAIGN	Yes No X	231,233.	39,00	0. 192,233

Total

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

DC, MD, VA

LHA 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) 2012

39,000.

192,233.

1

232081 01-07-13

231,233.

Sch	edu Irt I	le G (Form 990 or 990 EZ) 2012 DAVIS M II Fundraising Events. Complete if th				0196588 Page 2
Га		of fundraising event contributions and gr	•			•
			(a) Event #1 GALA (SEE PART IV)	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	166,382.			166,382.
	2	Less: Contributions	143,439.			143,439.
	3	Gross income (line 1 minus line 2)	22,943.			22,943.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	14,000.			14,000.
irect E	7	Food and beverages	25,710.			25,710.
Δ	8	Entertainment	66,892.			66,892.
	9	Other direct expenses	0.			
	10	Direct expense summary. Add lines 4 through				(<u>106,602</u>) -83,659.
Pa	11 Irt	Net income summary. Combine line 3, colum	n (d), and line 10 answered "Yes" to Form	990 Part IV line 19 or	reported more than	-03,059.
		\$15,000 on Form 990-EZ, line 6a.				
Ð		••••,•••••••••••••••••••••••••••••••••	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,	bingo/progressive bingo	(0) 0	col. (a) through col. (c))
Вe	4					
	-	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)			()
	8	Net gaming income summary. Combine line	. column d. and line 7		•	
			,, <u></u> , <u>_</u> , <u></u>		······	
	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	tivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		-	year?	Yes No
	_					
2320	B2 0'	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

11 Does the organization operate gaming activities with nonnembors? □ Yes 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a pathership or other entity formed to administer charitable gaming? □ Yes 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶
to administer charable gaming? 13 Indicate the percentage of gaming activity operated in: 13 Indicate the percentage of gaming activity operated in: 13 The organization's facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶
13 Indicate the percentage of gaming activity operated in: 13 a The organization's facility 13 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶
13 Indicate the percentage of gaming activity operated in: 13 a The organization's facility 13 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶
b An outside facility
If Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ ISa Does the organization have a contract with a third party from whom the organization receives gaming revenue? If 'Yes,'' enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ If 'Yes,'' enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party. Name ▶ Address ▶ If 'Yes,'' enter name and address of the third party. Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶
Name ▶
Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: Source of Sourc
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$ ☐ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party: Name >
 b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶
c If "Yes," enter name and address of the third party: Name
Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Director/officer □ □ Director/officer □
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Director/officer □ Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ▶ ▶ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction: SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
Description of services provided ▶
Description of services provided ▶
□ Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction: SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
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a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions) SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (1) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
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SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
(I) NAME OF FUNDRAISER: AMANI GLOBAL CONSULTING LLC
(I) ADDRESS OF FUNDRAISER: 6314 SE 20TH AVENUE, PORTLAND, OR 97202
SCHEDULE G, PART II
ANNUAL GALA
FOR TAX PURPOSES, THE ORGANIZATION IS REQUIRED TO SHOW NET PROFIT LESS
CONTRIBUTIONS RECEIVED FOR FUNDRAISING EVENTS. HOWEVER, INCLUDING
32083 01-07-13 Schedule G (Form 990 or 990-EZ)
27 60813 786783 GGW 2012.04010 DAVIS MEMORIAL GOODWILL IND GGW

	(Form 990 or 990-EZ) 2012 DAVIS		GOODWILL	INDUSTRIES
Part IV	Supplemental Information (co	ontinued)		

CONTRIBUTIONS OF \$143,439, THE GALA ACTUALLY MADE A NET PROFIT OF

\$59,780 FOR THE YEAR ENDED DECEMBER 31, 2012.

Schedule G (Form 990 or 990-EZ) 2012

____1

	HEDULE J rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		ОМВ №. ОП		
1	···· ,	Compensated Employees		20		•
Dono	tmont of the Treesury	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		Open to	o Publ	ic
	tment of the Treasury al Revenue Service	Attach to Form 990. See separate instructions.		•	ection	
Nan	e of the organization		Employer ider			mber
_		DAVIS MEMORIAL GOODWILL INDUSTRIES	53-01	9658	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (e.g., maid, chauffeur, c	;net)			
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41-		
2	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	-			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
5	,	ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant X Compensation survey or study				
	X Form 990 of o		ommittee			
			ommittee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	0	e payment or change-of-control payment?		4a		Х
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	:)(3) and 501(c)(4) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?		5b		X
		r 5b, describe in Part III.				
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
		es 5 and 6? If "Yes," describe in Part III		7	X	
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Fori	n 990) 2012

232111 12-10-12

29 2012.04010 DAVIS MEMORIAL GOODWILL IND GGW____1

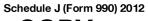
53-0196588

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	in prior Form 990
(1) CATHERINE A. MELOY	(i)	280,716.	90,000.	14,400.	75,606.	12,491.	473,213.	80,714.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROSA PROCTOR	(i)	197,670.	10,000.	0.	8,452.	9,459.	225,581.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL FROHM	(i)	183,864.	10,000.	0.	7,806.	6,257.	207,927.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RICHARD J. COLE	(i)	169,524.	5,000.	0.	0.	1,605.	176,129.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENDAN HURLEY	(i)	163,929.	5,000.	0.	6,552.	2,015.	177,496.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID SULLIVAN	(i)	166,304.	8,000.	0.	0.	6,333.	180,637.	0.
VICE PRESIDENT, RETAIL	(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)							



Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7: THE CHIEF EXECUTIVE OFFICER AND THE VICE PRESIDENT OF

DONATED GOODS RECEIVED A BONUS BASED ON ACHIEVING CERTAIN TARGETS IN

ACCORDANCE WITH THE TERMS OF THEIR RESPECTIVE EMPLOYMENT CONTRACTS. THE

PERFORMANCE MEASURES ARE DETERMINED ON AN ANNUAL BASIS.

ADDITIONALLY, SELECT ASSOCIATES RECEIVED ONETIME BONUSES IN 2012 BASED ON

GOODWILL'S PERFORMANCE.

Schedule J (Form 990) 2012

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

l

OMB No. 1545-0047

Open to Public

Employer identification number

53-0196588

. Inspection

Name of the organization

DAVIS MEMORIAL GOODWILL INDUSTRIES

Pa	rt I Types of Property		-	-					
		(a)	(b)	(c)		(d)			
		Check if	Number of	Noncash cont		Method of de		•	
		applicable	contributions or items contributed	amounts repo		noncash contrib	ution a	mount	S
1	Art Works of art			TOITT 990, Fait V	m, me ig				
	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications			4 204	207				
5	Clothing and household goods	Х		4,304,	307.	FMV			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	3	9,	037.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
10	Historic structures								
14	Qualified conservation contribution - Other								
	Real estate - Residential								
15 10									
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation durin	the tax year for c	ontributions					
	for which the organization completed Form 828				29				
		,. u,.		gee				Yes	No
30a	During the year, did the organization receive by	<i>contributic</i>	n any property re	oorted in Part I lin	nes 1.28 th	at it must hold for		100	
000	at least three years from the date of the initial of								
							30a		х
L	the entire holding period?						30a		
	If "Yes," describe the arrangement in Part II.			-f	and a costo?	tioneQ		v	
31	Does the organization have a gift acceptance p						31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or se	ell noncash				
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colur	mn (a) is ch	ecked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2012)

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232141 12-20-12



ORGANIZATIO	N ARE	SOLD	ON	SHOPG	יז דאים סכ				
						L.ORG,	EBAY.COM,	ALIBRIS.COM	I AND
HALF.COM.									
232142 12-20-12								Schedul	e M (Form 990) (2012
260813 78678	3 GGW	ī		201	2.0401	33 0 DAVI	S MEMORIA	L GOODWILL	

Also complete this part for any additional information.

53-0196588 Page 2

SCH	IEDUI	LE 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. **2U12** Open to Public Inspection

1

OMB No. 1545-0047

DAVIS MEMORIAL GOODWILL INDUSTRIES

Employer identification number 53-0196588

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

METROPOLITAN REGION.

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

RE-USE OF VIRTUALLY EVERY PART AND COMPONENT. IN 2012, GOODWILL OF

GREATER WASHINGTON RECYCLED OVER 487,000 POUNDS OF COMPUTERS AND

COMPUTER PARTS. GOODWILL STORES ARE ALSO A SOURCE OF MISSION

FULFILLMENT. WE DON'T JUST PROVIDE JOB TRAINING TO PEOPLE WITH BARRIERS

TO EMPLOYMENT; WE ALSO EMPLOY THEM. MANY OF GOODWILL'S ALMOST 400

RETAIL EMPLOYEES HAVE OVERCOME SIGNIFICANT CHALLENGES AND OBSTACLES TO

FIND SUCCESS IN THEIR WORK.

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

ARE ONE OF THE WASHINGTON, DC AREA'S LARGEST PROVIDERS OF EMPLOYMENT

AND TRAINING SERVICES FOR PEOPLE WITH DISABILITIES AND OTHER BARRIERS

TO EMPLOYMENT. WE BELIEVE IN WORK. WORK HELPS BUILD SELF-CONFIDENCE,

FRIENDSHIP, INDEPENDENCE, DIGNITY AND TRUST. EVERYONE DESERVES A CHANCE

TO HAVE THESE THINGS IN LIFE. GOODWILL PROVIDES THAT CHANCE.

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

THEIR OWN. THE POPULATIONS GOODWILL SERVES ARE VERY DIVERSE AND FACE A

VARIETY OF BARRIERS TO EMPLOYMENT. THEY MAY HAVE PHYSICAL, EMOTIONAL,

DEVELOPMENTAL OR OTHER DISABLING CONDITIONS; OR THEY MAY LACK AN

EDUCATION OR ENGLISH PROFICIENCY. MANY OF THE PEOPLE GOODWILL SERVES

ARE EX-OFFENDERS TRYING TO REBUILD THEIR LIVES. OTHERS, PARTICULARLY

WOMEN, HAVE HAD CHALLENGES IN KEEPING STEADY EMPLOYMENT DUE TO THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization DAVIS MEMORIAL GOODWILL INDUSTRIES	Employer identification number 53-0196588
CHALLENGES OF CARING FOR DEPENDENTS. THE ONE CONSISTENT B	ARRIER FACED
BY ALL OF THE PEOPLE WHO WALK THROUGH GOODWILL'S DOORS IS	A LACK OF
MARKETABLE JOB SKILLS. THAT'S WHY THE WORKFORCE DEVELOPME	NT DIVISION
PROVIDES EMPLOYABILITY SKILLS TRAINING (JOB READINESS), J	OB PLACEMENT,
OCCUPATIONAL SKILLS TRAINING, JOB COACHING, AND/OR RETENT	ION SERVICES.
THESE SERVICES HELP INDIVIDUALS WITH DISADVANTAGES AND DI	SABILITIES
ENTER OR RE-ENTER THE WORKPLACE WITH CONFIDENCE AND DIGNI	TY. OUR
PRIMARY GOAL IS TO MATCH THE SKILLS, INTERESTS, AND WORK	PREFERENCES OF
OUR STUDENTS TO THE NEEDS OF LOCAL EMPLOYERS WHO OFFER SU	STAINABLE
WAGES. THIS IS ACCOMPLISHED THROUGH AN INDIVIDUALIZED EMP	LOYMENT PLAN,
MOCK-INTERVIEWS, CAREER ASSESSMENTS, INTERNSHIPS, WORK TR	IALS, AND
OTHER DISCOVERY STRATEGIES. IN 2012, GOODWILL OFFERED ITS	APPLICANTS
MULTIPLE JOB TRAINING AND PREPARATION OPTIONS INCLUDING A	THREE-WEEK
CAREER NAVIGATION PROGRAM, A SIX-WEEK UNARMED SECURITY &	PROTECTIVE
SERVICES TRAINING IN WHICH PARTICIPANTS CAN EARN 6 COLLEG	E CREDITS AT
NORTHERN VIRGINIA COMMUNITY COLLEGE, AND A TEN-WEEK GREEN	CONSTRUCTION
PRE-APPRENTICESHIP TRAINING. ADDITIONALLY, GOODWILL LAUNC	HED IN MAY OF
2012 THE HOSPITALITY OUTREACH AND PATHWAYS TO EMPLOYMENT	(HOPE)
TRAINING PROGRAM IN COLLABORATION WITH THE UNIVERSITY OF	DC COMMUNITY
COLLEGE AND PROGRESSIVE PARTNERS. THIS TEN-WEEK PROGRAM P	REPARED
DISTRICT RESIDENTS FOR ENTRY-LEVEL POSITIONS IN THE LOCAL	HIGH GROWTH
INDUSTRY OF HOSPITALITY BY CONCENTRATING ON THE AMERICAN	HOTEL AND
LODGING ASSOCIATION'S 'SKILLS, TASKS & RESULTS TRAINING'	(START)
CURRICULUM AND CERTIFICATION. AT THE FOGGY BOTTOM CAREER	CENTER, WE
OFFERED INDIVIDUALIZED JOB DEVELOPMENT, PLACEMENT AND COA	CHING SERVICES
TO ADULTS AND YOUTH WITH DISABILITIES THROUGH PARTNERSHIP	S WITH DC
REHABILITATION SERVICES ADMINISTRATION AND MD DEPARTMENT	OF
REHABILITATIVE SERVICES.	
232212 01-04-13 Sched 3.5	lule 0 (Form 990 or 990-EZ) (2012)

Name of the organization

1

DAVIS MEMORIAL GOODWILL INDUSTRIES

Page 2

FORM 990, PART VI, SECTION B, LINE 11: GOODWILL'S FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT TAX SERVICE FIRM, RAFFA, P.C., AND IS REVIEWED INTERNALLY BY SENIOR MANAGEMENT. IT IS THEN SUBMITTED BY THE PRESIDENT TO EACH BOARD MEMBER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE GOODWILL OF GREATER WASHINGTON CONFLICT OF INTEREST POLICY APPLIES TO ALL THE GOODWILL DIRECTORS, OFFICERS, AND EMPLOYEES. BOARD MEMBERS ARE REQUIRED TO SIGN CONFLICT OF INTEREST STATEMENTS ANNUALLY. ALL EMPLOYEES AND BOARD MEMBERS MUST AVOID EVEN THE APPEARANCE OF A POTENTIAL CONFLICT OF INTEREST. ANY CONFLICT OR POTENTIAL CONFLICT OF INTEREST IS TO BE REPORTED TO THE COMPLIANCE OFFICER. THESE DOCUMENTS ARE KEPT ON FILE BY THE EXECUTIVE ASSISTANT OR OTHER DESIGNEE.

FORM 990, PART VI, SECTION B, LINE 15: WRITTEN COMPARISONS OF THE SENIOR MANAGEMENT COMPENSATION ARE MADE AGAINST FOR-PROFIT AND NON-PROFIT ORGANIZATIONS, INCLUDING OTHER SIMILAR SIZE GOODWILL ORGANIZATIONS. CEO COMPENSATION IS RECOMMENDED BY THE EXECUTIVE COMMITTEE FOLLOWING A BOARD OF DIRECTORS PERFORMANCE EVALUATION SURVEY. FINAL APPROVAL OF THE CEO COMPENSATION IS MADE BY THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOODWILL MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AVAILABLE TO THE PUBLIC UPON REQUEST. FURTHERMORE, THE FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE POSTED ON GOODWILL'S WEBSITE.

FORM 990, PART XI,	LINE 9, CHANGES IN NET ASSETS:	
232212 01-04-13	26	Schedule O (Form 990 or 990-EZ) (2012)
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ame of the org	anization מחזעמ	MEMORIAL GOODWILL INDUSTRIES	Employer identification numb 53-0196588
MPUTED	INTEREST ON	INTERCOMPANY LOAN	-5,31
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(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

DAVIS MEMORIAL GOODWILL INDUSTRIES

Employer identification number 53-0196588

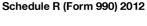
Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	section statu	ot Code Public charity stion status (if section	Public charityDirect controllingtatus (if sectionentity		(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No	

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

Name, address, and EIN of related organization	Drimon (optivity)		(d)	(e)	(f)	(9)	(g) (h)		(h) (i)		(i)		(k)
	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	and of upon	Disproportion- ate allocations?		amount in box 20 of Schedule	mana partr			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
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V Identification of Related Or	ganizations Taxable a	as a Corpo	pration or Trust (Co	molete if the organizat	ion answered "Ye	s" to Form 990. P:	art IV. I	line 34	because it had o	ne or	more relate		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l contr	b)(13) rolled ity?
		country)		or tructy		400010		Yes	No
BEST KEPT BUILDINGS - 20-0746642			DAVIS MEMORIAL						
2200 SOUTH DAKOTA AVENUE, NE			GOODWILL						
WASHINGTON, DC 20018	JANITORIAL SERVICES	DC	INDUSTRIES	C CORP	330,509.	135,802.	100%	Х	
	1								
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Schedule R (Form 990) 2012 DAVIS MEMORIAL GOODWILL INDUSTRIES

Part V	Transactions With Related Organizations	(Complete if the organization answered	"Yes" to Form 990.	Part IV. line 34, 35b, or 36.)
	Transastie That Holatea er gamzatiene	(complete il tre elganization allenered		

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 During the tax year, did the organization engage in any of the following transact		5			X			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)						X X		
c Gift, grant, or capital contribution from related organization(s)								
d Loans or loan guarantees to or for related organization(s)								
e Loans or loan guarantees by related organization(s)				1e		X		
f Dividends from related organization(s)				1f		X		
g Sale of assets to related organization(s)				1g		X		
h 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		x		
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
• Sharing of paid employees with related organization(s)						X		
p Reimbursement paid to related organization(s) for expenses				1p		x		
q Reimbursement paid by related organization(s) for expenses				1q		X		
r Other transfer of cash or property to related organization(s)				1r		x		
s Other transfer of cash or property from related organization(s)						X		
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete t	his line, including covered	relationships and transaction thresholds	Э.				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved				
(1) BEST KEPT BUILDINGS, INC.	A	5,319.	FMV					
(2) BEST KEPT BUILDINGS, INC.	М	2,001,810.	FMV					
(3) BEST KEPT BUILDINGS, INC.	L	451,563.	FMV					
(4)								
(5)								
(6)								

Schedule R (Form 990) 2012 DAVIS MEMORIAL GOODWILL INDUSTRIES

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs) all s sec.)(3) .?	(f) Share of total	(g) Share of end-of-year		opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	nal or nging ner?	(k) Percentage ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
	-												
	1												
	•												

Schedule R (Form 990) 2012