

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2004**

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

**A** For the 2004 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**GOODWILL INDUSTRIES OF NC WI**

Number and street (or P.O. box if mail is not delivered to street address)

**1800 APPLETON RD**

Room/suite

City or town, state or country, and ZIP + 4

**MENASHA, WI 54952****D** Employer identification number**39-1144913****E** Telephone number**920-731-6601****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.GWICC.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **29,361,143.****Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>1,025,496.</b>	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>3,396,515.</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>4,422,011.</b> noncash \$ )	<b>1d</b>	<b>4,422,011.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>24,690,049.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>28,961.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>172,102.</b>	
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>15,716.</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>156,386.</b>	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including reported on line 1a) of contributions	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>48,020.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>29,345,427.</b>		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>23,184,614.</b>		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>5,644,506.</b>		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	<b>125,185.</b>		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>28,954,305.</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>391,122.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>12,764,180.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>	<b>1,016,938.</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>14,172,240.</b>		

SCANNED DEC 27 '05

423001  
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

3

**Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	230,516.	0.	230,516.	0.
26	Other salaries and wages	13,704,350.	10,946,616.	2,691,421.	66,313.
27	Pension plan contributions	383,353.	310,631.	71,112.	1,610.
28	Other employee benefits	2,991,690.	2,421,785.	557,305.	12,600.
29	Payroll taxes	293,225.	237,600.	54,393.	1,232.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	610,404.	491,033.	116,219.	3,152.
34	Telephone	164,525.	123,514.	39,653.	1,358.
35	Postage and shipping	430,458.	411,641.	13,158.	5,659.
36	Occupancy	1,536,722.	1,473,414.	63,308.	
37	Equipment rental and maintenance	932,622.	772,496.	159,993.	133.
38	Printing and publications	27,830.	2,643.	21,024.	4,163.
39	Travel	294,334.	214,008.	80,326.	
40	Conferences, conventions, and meetings	47,947.	33,945.	11,334.	2,668.
41	Interest	621,105.	621,105.		
42	Depreciation, depletion, etc. (attach schedule)	1,142,320.	814,496.	326,641.	1,183.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	<b>SEE STATEMENT 4</b>	5,542,904.	4,309,687.	1,208,103.	25,114.
44	<b>Total functional expenses (add lines 22 through 43)</b>	28,954,305.	23,184,614.	5,644,506.	125,185.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)	
a <b>SEE STATEMENT 19</b>	
(Grants and allocations \$ _____)	23,184,614.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>23,184,614.</b>

**Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	2,542,957.	46 1,967,472.
	47 a Accounts receivable	47a 946,552.	
	b Less: allowance for doubtful accounts	47b 72,108.	47c 770,131. 874,444.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c 2,160.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	2,202,097.	52 3,665,291.
	53 Prepaid expenses and deferred charges	222,450.	53 202,966.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other	SEE STATEMENT 6	56 646,931. 617,202.	
57 a Land, buildings, and equipment: basis	57a 29,011,644.		
b Less: accumulated depreciation	STMT 7 57b 5,962,705.	57c 20,050,942. 23,048,939.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8 )	76,930.	58 202,782.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	26,514,598.	59 30,579,096.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,559,503.	60 1,658,657.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities	STMT 9 7,464,574.	64a 7,139,281.
	b Mortgages and other notes payable	STMT 10 STMT 11 4,620,314.	64b 7,406,136.
	65 Other liabilities (describe <input type="checkbox"/> OTHER LIABILITIES )	106,027.	65 202,782.
<b>66 Total liabilities</b> (add lines 60 through 65)	13,750,418.	66 16,406,856.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	12,764,180.	67 14,172,240.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	12,764,180.	73 14,172,240.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	26,514,598.	74 30,579,096.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV - e	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	29,631,576.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify):		
	<b>STMT 13</b> \$ 677,271.		
	Add amounts on lines (1) through (4)	<b>b</b>	677,271.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	28,954,305.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify):		
	\$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	28,954,305.

[illegible]

Form 990 (2004)

Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 15</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <b>WISCONSIN</b>	90b	888
b	Number of employees employed in the pay period that includes March 12, 2004		
91	The books are in care of <b>STEPHEN WHITE</b> Telephone no. <b>920-731-6601</b>		
Located at <b>1800 APPLETON ROAD, MENASHA, WI</b>		ZIP + 4 <b>54952</b>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2004**

Name of the organization

**GOODWILL INDUSTRIES OF NC WI**

Employer identification number

**39 1144913**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>C SCOTT COPELAND</b> 1800 APPLETON ROAD, MENASHA, WI 5495240	<b>COO MARKETING</b>	138,735.	14,935.	
<b>STEPHEN WHITE</b> 1800 APPLETON ROAD, MENASHA, WI 5495240	<b>CFO FINANCE</b>	123,262.	20,675.	
<b>KEITH WILK</b> 1800 APPLETON ROAD, MENASHA, WI 5495240	<b>COO PROGRAMS</b>	107,142.	19,470.	
<b>KRISTINE HACKBARTH-HORN</b> 1800 APPLETON ROAD, MENASHA, WI 5495240	<b>COO PEOPLE</b>	96,253.	7,544.	
<b>KAREN LAWS</b> 1800 APPLETON ROAD, MENASHA, WI 5495240	<b>COO DEVELOP.</b>	87,737.	18,627.	
Total number of other employees paid over \$50,000 ▶	<b>22</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Statements About Activities** (See page 2 of the instructions.)**Yes No**

**1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **►** \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

**1** **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

**2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

**2a** **X**

**b** Lending of money or other extension of credit?

**2b** **X**

**c** Furnishing of goods, services, or facilities?

**2c** **X**

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

**2d** **X**

**e** Transfer of any part of its income or assets?

**2e** **X**

**3 a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

**3a** **X**

**b** Do you have a section 403(b) annuity plan for your employees?

**3b** **X**

**4 a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

**4a** **X**

**b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

**4b** **X****Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

**7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** \_\_\_\_\_

**10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

**11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12** ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,419,851.	3,356,200.	3,103,862.	2,596,857.	13,476,770.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	24,794,362.	20,691,672.	16,845,447.	14,568,221.	76,899,702.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	185,347.	19,316.	171,491.	245,356.	621,510.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	48,020.	334,802.	SEE STATEMENT 17 90,055.	54,460.	527,337.
<b>23</b> Total of lines 15 through 22	29,447,580.	24,401,990.	20,210,855.	17,464,894.	91,525,319.
<b>24</b> Line 23 minus line 17	4,653,218.	3,710,318.	3,365,408.	2,896,673.	14,625,617.
<b>25</b> Enter 1% of line 23	294,476.	244,020.	202,109.	174,649.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 292,512.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,625,617.
d Add: Amounts from column (e) for lines: 18 621,510. 19					26d 1,148,847.
22 527,337. 26b					26e 13,476,770.
e Public support (line 26c minus line 26d total)					26f 92.1450%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Private School Questionnaire** (See page 7 of the instructions.)**N/A****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
<b>29</b>		
<b>30</b>		
<b>31</b>		
<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		
<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		
<b>34a</b>		
<b>34b</b>		
<b>35</b>		

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

**32** Does the organization maintain the following:

**a** Records indicating the racial composition of the student body, faculty, and administrative staff?

**b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

**c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

**d** Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

**33** Does the organization discriminate by race in any way with respect to:

**a** Students' rights or privileges?

**b** Admissions policies?

**c** Employment of faculty or administrative staff?

**d** Scholarships or other financial assistance?

**e** Educational policies?

**f** Use of facilities?

**g** Athletic programs?

**h** Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

**b** Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

**35** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

**Part VII** Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**36** Total lobbying expenditures to influence public opinion (grassroots lobbying)**37** Total lobbying expenditures to influence a legislative body (direct lobbying)**38** Total lobbying expenditures (add lines 36 and 37)**39** Other exempt purpose expenditures**40** Total exempt purpose expenditures (add lines 38 and 39)**41** Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

**42** Grassroots nontaxable amount (enter 25% of line 41)**43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VIII** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
		0.

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash

**(ii) Other assets**

- b Other transactions:**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets**

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations**

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

- b** If "Yes," complete the following schedule:

N/A

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
BUILDING, MENASHA, WI	1	172,102.	
TOTAL TO FORM 990, PART I, LINE 6A		172,102.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		15,716.	
- SUBTOTAL -	1		15,716.
TOTAL TO FORM 990, PART I, LINE 6B			15,716.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
CUMULATIVE EFFECT OF CHANGE IN ACCOUNTING PRINCIPLE		1,016,938.	
TOTAL TO FORM 990, PART I, LINE 20		1,016,938.	

FORM 990	OTHER EXPENSES			STATEMENT	4
	(A)	(B)	(C)	(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
PROFESSIONAL FEES	616,663.	364,572.	250,591.	1,500.	
BAD DEBT	41,269.		41,269.		
INSURANCE	205,575.	180,454.	25,121.		
TAXES	137,340.	128,994.	8,346.		
ADVERTISING	390,184.	341,335.	48,849.		
OUTSIDE					
TRANSPORTATION	88,841.	88,841.			
REFERRALS	497,580.		497,580.		
MISCELLANEOUS	275,825.	59,928.	192,455.	23,442.	

DUES AND SUBSCRIPTIONS	155,147.	11,083.	143,892.	172.
COST OF SALES	3,134,480.	3,134,480.		
TOTAL TO FM 990, LN 43	5,542,904.	4,309,687.	1,208,103.	25,114.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
PART III

## EXPLANATION

TO IMPROVE THE COMMUNITY BY IMPROVING THE LIVES OF ITS PEOPLE THROUGH SERVICES, PARTNERSHIPS, COLLABORATIONS AND THE RESPONSIBLE USE OF COMMUNITY RESOURCES.

FORM 990 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	VALUATION METHOD	AMOUNT
COMMUNITY FOUNDATION INVESTMENTS	MARKET VALUE	617,202.
OTHER INVESTMENTS	COST	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		617,202.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND AND LAND IMPROVEMENTS	5,458,560.	185,109.	5,273,451.
BUILDING AND IMPROVEMENTS	18,324,002.	3,105,282.	15,218,720.
FURNITURE AND EQUIPMENT	5,172,595.	2,672,314.	2,500,281.
CONSTRUCTION IN PROCESS	56,487.	0.	56,487.
TOTAL TO FORM 990, PART IV, LN 57	29,011,644.	5,962,705.	23,048,939.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
DEFERRED COMPENSATION DUE FROM FISC		202,782. 0.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		202,782.	

FORM 990	TAX-EXEMPT BOND MORTGAGES OUTSTANDING	STATEMENT	9
----------	---------------------------------------	-----------	---

PURPOSE OF ISSUEISSUE DATE

PURCHASE OF BUILDING

12/01/00

ORIGINAL ISSUE AMOUNT	TYPE OF FORM 8038 FILED	FORM 8038 DATE	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS
562,000.	FORM 8038	12/01/00		0.

REPAYMENT TERMS

\$4,223/MO

<u>MATURITY DATE</u>	<u>INTEREST RATE</u>
01/15/21	4.85%

SECURITY PROVIDED

LAND AND BUILDINGS

AMOUNT OF  
ISSUE  
OUTSTANDING

477,104.

PURPOSE OF ISSUEISSUE DATE

PURCHASE OF BUILDING

10/27/88

ORIGINAL ISSUE AMOUNT	TYPE OF FORM 8038 FILED	FORM 8038 DATE	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS
750,000.	FORM 8038	10/27/88		0.

REPAYMENT TERMS

\$9,375 PLUS INTEREST/QUARTERLY

<u>MATURITY DATE</u>	<u>INTEREST RATE</u>
	3.05%

SECURITY PROVIDED

LAND AND BUILDINGS

AMOUNT OF  
ISSUE  
OUTSTANDING

141,004.



PURPOSE OF ISSUE

ISSUE DATE

PURCHASE OF BUILDING

10/01/96

ORIGINAL ISSUE AMOUNT	TYPE OF FORM 8038 FILED	FORM 8038 DATE	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS		
1,750,000.	FORM 8038	10/01/96		0.		

REPAYMENT TERMS

\$12,904/MO

MATURITY DATE      INTEREST RATE

4.85%

SECURITY PROVIDED

LAND AND BUILDINGS

AMOUNT OF  
ISSUE  
OUTSTANDING

1,291,691.

PURPOSE OF ISSUE

ISSUE DATE

PURCHASE OF BUILDING

09/27/02

ORIGINAL ISSUE AMOUNT	TYPE OF FORM 8038 FILED	FORM 8038 DATE	PROJECT COMPLETION DATE	UNEXPENDED BOND PROCEEDS		
5,625,000.	FORM 8038	09/27/02		0.		

REPAYMENT TERMS

\$36,658/MO

MATURITY DATE      INTEREST RATE

4.85%

SECURITY PROVIDED

LAND AND BUILDINGS

AMOUNT OF  
ISSUE  
OUTSTANDING

5,229,482.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

7,139,281.

---

FORM 990	MORTGAGES PAYABLE	STATEMENT 10
----------	-------------------	--------------

---

DESCRIPTION	BALANCE DUE
WELLS FARGO	802,723.
WELLS FARGO	1,135,871.
WELLS FARGO	1,230,020.
WELLS FARGO	1,936,152.
WELLS FARGO	2,166,466.
MILL ROAD REAL ESTATE	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	7,271,232.

---

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 11
----------	-------------------------------	--------------

LENDER'S NAME	TERMS OF REPAYMENT
---------------	--------------------

FREIGHTLINER

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
06/10/03	06/10/08	186,042.	488%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
-------------------------------	-----------------

VEHICLES

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	134,904.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	134,904.
--	----------

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
----------	--	--------------

DESCRIPTION	AMOUNT
FINANCIAL INFORMATION & SERVICE CENTER, INC. REVENUE	649,809.
RENTAL EXPENSE	15,716.
TOTAL TO FORM 990, PART IV-A	665,525.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
----------	---	--------------

DESCRIPTION	AMOUNT
FINANCIAL INFORMATION & SERVICE CENTER, INC. EXPENSES	661,555.
RENTAL EXPENSE	15,716.
TOTAL TO FORM 990, PART IV-B	677,271.

---

---

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 14
----------	---	--------------

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
H PARKS BRAME 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
DAVID L BUETTNER 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
I GREGG CURRY 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
BOLA DELANO-ORIARAN 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
RICHARD C DETIENNE 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
CLAUDIO DIAZ 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
WESLEY C DRUMM 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
RONALD DUNLAP 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
KEN EIDEN 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
JOANNE FISCHER 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
NATALIE GEHRINGER, MD 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.

EDWARD K HEYES 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
NANCY HEYKES 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
LINDA KENNEDY 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
MIKE KRUSE 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
MITO KUDAKA 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
GARY LICHTENBERG 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
MARNIE LOOMANS-THUECKS 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
JOHN MCFADDEN 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
DAVID A OGILVIE 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
ROBERT J TURNER 1800 APPLETON ROAD MENASHA, WI 54952	BOARD MEMBER 1	0.	0.	0.
ROBERT PEDERSEN 1800 APPLETON ROAD MENASHA, WI 54952	CEO 40	230,516.	23,095.	0.
TOTALS INCLUDED ON FORM 990, PART V		230,516.	23,095.	0.

---



---

FORM 990                      IDENTIFICATION OF RELATED ORGANIZATIONS                      STATEMENT 15  
PART VI, LINE 80B

---

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
FINANCIAL INFORMATION AND SERVICE CENTER, INC.	X	

---



---



---

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 16  
ACCOMPLISHMENT OF EXEMPT PURPOSES

---

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDES TRAINING STATIONS USED TO PROVIDE WORK ADJUSTMENT, WORK EXPERIENCE, SKILLS ACQUISITION AND SHELTERED EMPLOYMENT EVALUATION FOR PERSONS WITH A VOCATIONAL DISABILITY OR DISADVANTAGE THROUGH THE PROCESSING AND SELLING OF DONATED AND PURCHASED MERCHANDISE IN GOODWILL INDUSTRIES RETAIL STORES, AND ON A CONTRACTUAL BASIS TO PRIVATE BUSINESSES AND GOVERNMENT AGENCIES.
93B	PROVIDES ADMINISTRATIVE, PAYROLL, AND BOOKKEEPING SERVICES TO CHARITABLE ORGANIZATIONS WITH SIMILAR OBJECTIVES AS GOODWILL INDUSTRIES.
103A	REVENUE GENERATED FROM RETAIL STORES CASH OVES/SHORT, DISCOUNTS, AND OTHER MISCELLANEOUS RECEIPTS.
93B	REALIZED, UNREALIZED GAINS AND LOSSES, FEES, AND INTEREST FOR VARIOUS COMMUNITY FOUNDATION INVESTMENTS.

---



---



---

SCHEDULE A                      OTHER INCOME                      STATEMENT 17

---

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	48,020.	334,802.	90,055.	54,460.
TOTAL TO SCHEDULE A, LINE 22	48,020.	334,802.	90,055.	54,460.

---



---

GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN  
Form 990  
12/31/2004

Part II, Line 42 - Depreciation, depletion, etc.

Land and improvements	17,548
Building and improvements	575,305
Furniture and equipment	565,183
	<u>1,158,036</u>
Less: Rental depreciation	15,716
	<u><u>1,142,320</u></u>

GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN, INC.

Form 990 – Part III – Statement 5

12/31/04

Part III Program Services

Retail stores provided employment and training for over 2,000 individuals in 18 communities and provided free merchandise to over 20,000 individuals in need.

Expense: \$19,102,855

Vocational support services helped 139 people with disabilities in their effort to obtain meaningful employment in the community.

Expense: \$803,656

Early intervention services provided family-centered intervention services to 203 children aged birth to three with disabilities or developmental delays.

Expense \$637,200

Helping hands in the home provided fiscal and human resource support for 26 persons with disabilities and their families who were engaged in planning and implementing self-determination strategies.

Expense: \$593,792

Beyond the Boundaries of Autism helped 89 children with autism maximize their independence and manage their behaviors.

Expense: \$674,052

The Restorative Justice Program helps offenders to understand the full impact of their behavior, helps to empower victims in their search for closure to the crime perpetrated on them, and promotes restitution to victims and communities.

Expense: \$298,928



Wisconsin Works Programs provided instruction and support related to pre-employment and post-employment activities to 439 individuals; provided work experience to 85 participants in Wisconsin Works; provided one-to-one and small group instruction/training in areas related to job readiness preparation, job search activities, and life skills to 135 individuals; and provided individualized job development and job placement services for 141 persons to help them achieve a more self-sufficient lifestyle.

Expense: \$178,301

Action Employment provided a curriculum-based, individualized computer/clerical training program to 163 individuals.

Expense: \$264,029

Work Adjustment Training helped 76 individuals develop work skills and behaviors through paid work experiences.

Expense: \$76,556

Employer's Resource helped 72 individuals with disabilities to identify, obtain, and maintain community employment.

Expense: \$60,823

Other programs, including HSED/GED, Harmony Café, Intertribal Community Center, Community Garden, etc. provide a variety of community services. In total, Goodwill Industries of North Central Wisconsin served over 10,000 individuals during 2004.

Expense: \$494,422

Goodwill operates a one stop Community Center where 26 organizations collaborate to provide services to 150,000 consumers. Goodwill has strategic alliances with VITA, African Heritage, Latino Link, GLBT Partnership and Fox Cities Rotary Multicultural Center. Goodwill provides administrative services to 12 other non-profit agencies.

For more detailed information please see our website: [www.goodwillncw.org](http://www.goodwillncw.org).

Total Program Service Expense

---

\$23,184,614