

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)

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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 INC

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

Room/suite

1800 APPLETON RD

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).

G Web site: GOODWILLNCW.ORG

J Organization type (check only one) ☒ ☐ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 37,729,580

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? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

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).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)									
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Contributions to donor advised funds				1a			
	b	Direct public support (not included on line 1a)				1b		1,021,579	
	c	Indirect public support (not included on line 1a)				1c			
	d	Government contributions (grants) (not included on line 1a)				1d		4,525,194	
	e	Total (add lines 1a through 1d) (cash \$ 5,110,028 noncash \$ 436,745)						1e	5,546,773
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .						2	1,125,270
	3	Membership dues and assessments						3	
	4	Interest on savings and temporary cash investments						4	164,818
	5	Dividends and interest from securities						5	
	6a	Gross rents				6a		238,714	
	b	Less rental expenses				6b		33,119	
	c	Net rental income or (loss) subtract line 6b from line 6a						6c	205,595
	7	Other investment income (describe)						7	
	8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		8d	
				8a					
	b	Less cost or other basis and sales expenses		8b					
	c	Gain or (loss) (attach schedule)		8c					
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)							
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>						9c	
	a	Gross revenue (not including \$ of contributions reported on line 1b)				9a			
	b	Less direct expenses other than fundraising expenses				9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a							
	10a	Gross sales of inventory, less returns and allowances				10a		10c	26,543,392
	b	Less cost of goods sold				10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a <input type="checkbox"/>							
	11	Other revenue (from Part VII, line 103)						11	223,585
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11						12	33,809,433
Expenses	13	Program services (from line 44, column (B))						13	25,169,233
	14	Management and general (from line 44, column (C))						14	6,564,419
	15	Fundraising (from line 44, column (D))						15	100,983
	16	Payments to affiliates (attach schedule)						16	
	17	Total expenses Add lines 16 and 44, column (A)						17	31,834,635
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12						18	1,974,798
	19	Net assets or fund balances at beginning of year (from line 73, column (A))						19	15,423,624
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>						20	-35,301
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20						21	17,363,121

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

Cat No 11282Y

Form 990 (2006)

Part II

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. (See the instructions.)

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23	648,016		
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	331,762	331,762	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b	4,908	4,908	
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	16,803,913	13,563,308	70,807
27	Pension plan contributions not included on lines 25a, b and c	27	575,646	484,832	2,531
28	Employee benefits not included on lines 25a - 27	28	2,552,311	2,096,083	11,106
29	Payroll taxes	29	1,285,875	1,037,593	5,417
30	Professional fundraising fees	30			
31	Accounting fees	31	710,045	337,223	430
32	Legal fees	32			
33	Supplies	33	694,597	602,686	1,204
34	Telephone	34	187,528	130,964	35
35	Postage and shipping	35	534,250	514,406	2,338
36	Occupancy	36	1,685,831	1,578,553	
37	Equipment rental and maintenance	37	280,008	212,612	67,396
38	Printing and publications	38	89,154	4,157	1,698
39	Travel	39	383,574	318,392	2,068
40	Conferences, conventions, and meetings	40	98,015	21,318	595
41	Interest	41	1,333,176	998,194	334,982
42	Depreciation, depletion, etc. (attach schedule)	42	1,509,694	1,083,581	300
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	31,834,635	25,169,233	100,983

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 \$ _____.

Part III Statement of Program Service Accomplishments *(See the instructions.)*

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.



What is the organization's primary exempt purpose? ▶ TO IMPROVE THE COMMUNITY BY IMPROVING THE LIVES OF ITS PEOPLE THROUGH SERVICES, PARTNERSHIPS, COLLABORATIONS AND THE RESPONSIBLE USE OF COMMUNITY RESOURCES	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
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.)	
a See Additional Data Table	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶	25,169,233

Part IV Balance Sheets (See the instructions.)

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	
Assets	45	Cash—non-interest-bearing		45		
	46	Savings and temporary cash investments	4,201,602	46	3,737,251	
	47a	Accounts receivable	680,680			
	b	Less allowance for doubtful accounts	86,308	710,669	47c	594,372
	48a	Pledges receivable				
	b	Less allowance for doubtful accounts			48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less allowance for doubtful accounts			51c	
	52	Inventories for sale or use	4,154,308	52	4,565,560	
	53	Prepaid expenses and deferred charges	180,901	53	131,350	
	54a	Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b	Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a	Investments—land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments—other (attach schedule)	614,975	56	691,973	
	57a	Land, buildings, and equipment basis	38,914,021			
	b	Less accumulated depreciation (attach schedule)	8,221,602	28,933,601	57c	30,692,419
	58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/>)	586,849	58	735,048	
	59	Total assets (must equal line 74) Add lines 45 through 58	39,382,905	59	41,147,973	
	Liabilities	60	Accounts payable and accrued expenses	2,011,443	60	1,870,544
		61	Grants payable		61	
		62	Deferred revenue		62	
63		Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a		Tax-exempt bond liabilities (attach schedule)	16,436,088	64a	16,259,753	
b		Mortgages and other notes payable (attach schedule)	5,005,320	64b	4,759,285	
65		Other liabilities (describe <input checked="" type="checkbox"/>)	506,430	65	895,270	
66	Total liabilities Add lines 60 through 65	23,959,281	66	23,784,852		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	15,423,624	67	17,363,121	
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	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		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	15,423,624	73	17,363,121	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73 . .	39,382,905	74	41,147,973	


Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	30,711,818
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	66,948
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) 	b4	755,584
	Add lines b1 through b4	b	822,532
c	Subtract line b from line a	c	29,889,286
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) 	d2	3,920,147
	Add lines d1 and d2	d	822,532
e	Total revenue (Part I, line 12) Add lines c and d	e	33,809,433

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	36,609,416
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) 	b4	4,774,781
	Add lines b1 through b4	b	4,774,781
c	Subtract line b from line a	c	31,834,635
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	31,834,635

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	19			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
RALPH B SHINER 1800 APPLETON RD MENASHA, WI 54952	0	4,908		

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
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			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	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	Yes		
b	If "Yes," enter the name of the organization ➤ <u>See Additional Data Table</u> <u></u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . 81a <u></u>	81b			No
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VI

Other Information (continued)

Yes

No

82a

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

Yes

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

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

No

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

No

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

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 the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

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

No

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

501(c)(3) and 501(c)(4) orgs. 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

No

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed: WI

b

Number of employees employed in the pay period that includes March 12, 2006. (See instructions.)

90b

1,163

91a

The books are in care of: STEPHEN A WHITE Telephone no: (920) 731-6601

1800 APPLETON RD

Located at: MENASHA, WI ZIP + 4: 54952

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a See Additional Data Table					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	164,818	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	205,595	
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory			5	26,543,392	
103 Other revenue a MISCELLANEOUS					41,820
b EIS INSURANCE					98,991
c BBA INSURANCE					82,774
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .				26,913,805	1,348,855
105 Total (add line 104, columns (B), (D), and (E))					28,262,660

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
			No

Please Sign Here

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.

Signature of officer

2007-08-14

Date

STEPHEN A WHITE CFO

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no.

SCHEDULE A
(Form 990 or 990EZ)

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 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

2006

Name of the organization
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number
39-1144913

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 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
KAREN LAWS	COO-MARKETING 40	96,319	23,210	0
1800 APPLETON RD MENASHA, WI 54952				
KRISTINE HACKBARTH-HORN	COO-PEOPLE 40	105,434	24,986	0
1800 APPLETON RD MENASHA, WI 54952				
KEITH WILK	COO - PROGRAMS 40	114,486	24,034	0
1800 APPLETON RD MENASHA, WI 54952				
C SCOTT COPELAND	COO-RETAIL 40	142,842	18,796	6,267
1800 APPELTON RD MENASHA, WI 54952				
STEPHEN A WHITE	CFO 40	131,835	25,891	0
1800 APPLETON RD MENASHA, WI 54952				
Total number of other employees paid over \$50,000	23			

Part II-A 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
WACHOVIA INSURANCE SERVICE	HEALTH AND WELLNESS	51,063
PO BOX 601321 CHARLOTTE, NC 282601321		
RIGHTPATH RESOURCES INC	PERSONNEL CONSULTING	61,039
5400 LAUREL SPRINGS PARKWAY SUWANEE, GA 30024		
CORPORATE BENFIT SERVICES OF AMERICA	INSURANCE ADMIN	527,612
PO BOX 27267 MINNEAPOLIS, MN 554809129		
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
PHILADELPHIA INSURANCE COMPANY	COMMERCIAL INSUR	309,277
PO BOX 70251 PHILADELPHIA, PA 191760251		
BOSON CONTRACTORS	CONSTRUCTION	1,378,697
PO BOX 544 MARSHFIELD, WI 54449		
RJ ALBRIGHT INC	CONSTRUCTION	327,105
5711 GREEN VALLEY RD OSHKOSH, WI 54904		
SCHNEIDER NATIONAL INC	TRANSPORTATION	424,861
2567 PAYSPHERE CIRCLE CHICAGO, IL 60674		
INSURACE SERVICES INC	WORKERS COMP INSUR	419,169
PO BOX 877 APPLETON, WI 54912		
Total number of other contractors receiving over \$50,000 for other services	20	

Part III 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, include 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 1 of Part VI-B)	1		No
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	4,768,327	4,422,011	3,515,199	3,356,200	16,061,737
16	Membership fees received					0
17	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	24,683,915	24,690,049	22,798,272	20,691,672	92,863,908
18	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	52,297	185,347	242,186	19,316	499,146
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	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					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	323,045	48,020	191,060	334,802	896,927
23	Total of lines 15 through 22	29,827,584	29,345,427	26,746,717	24,401,990	110,321,718
24	Line 23 minus line 17	5,143,669	4,655,378	3,948,445	3,710,318	17,457,810
25	Enter 1% of line 23	298,276	293,454	267,467	244,020	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	349,156
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	17,457,810
d	Add Amounts from column (e) for lines 18 499,146 19 0				26d	1,396,073
	22 26 b				26e	16,061,737
e	Public support (line 26c minus line 26d total)				26f	9200 00 %
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27	Organizations described on line 12: 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 (2005) (2004) (2003) (2002)					
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 11b, 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 (2005) (2004) (2003) (2002)					
c	Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
d	Add Line 27a total and line 27b total				27d	
e	Public support (line 27c total minus line 27d total)				27e	
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					


Part V Private School Questionnaire (See page 7 of the instructions.)

(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?	29	Yes	No
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?	30		
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)	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
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	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
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— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>		
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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			0
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			

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of

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

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.

[illegible]

52a 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

[illegible]

TY 2006 Individual Assistance Schedule

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Class of Activity	Amount
Food, Shelter and Clothing	648,016

TY 2006 Land etc. Schedule

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Miscellaneous	10,469		10,469
Land	6,457,312		6,457,312
Improvements	953,986	249,995	703,991
Buildings	25,045,579	4,649,118	20,396,461
Furniture and Fixtures	6,446,675	3,322,489	3,124,186

TY 2006 Mortgages and Notes Payable Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0**Total Mortgage Amount:** 4759285

TY 2006 Officer Compensation Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0**RALPH B SHINER**

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	4,908		
Fundraising			

TY 2006 Officer Compensation Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0**ROBERT PEDERSEN**

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	246,376	29,788	
Fundraising			

NANCY HEYKES

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	50,003	5,595	
Fundraising			

TY 2006 Other Assets Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	Beginning of Year Amount	End of Year Amount
DEFERRED FINANCING COSTS	240,040	227,962
DEFERRED COMPENSATION	309,263	439,796
DUE FROM FISC	37,546	67,290

TY 2006 Other Changes in Net Assets Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	Amount
COMMUNITY FOUNDATION CHANGES	66,948
CAPITAL TRANSFER TO FISC	-102,249

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103D	REVENUES GENERATED FROM RETAIL STORES CASH OVER/SHORT, DISCOUNTS AND OTHER MISCELLANEOUS RECEIPTS
103C	INSURANCE REIMBURSEMENTS FOR SERVICES PROVIDED BY EIS
103b	INSURANCE REIBURSEMENTS FOR SERVICES PROVIDED BY BBA
93F	FEES GENERATED FROM NONGOVERNMENT GRANTS FOR SERVICES
93E	FEES GENERATED FROM NONGOVERNMENT GRANTS FOR SERVICES
93D	FEES CHARGED FOR SERVICES PROVIDED AT HARMONY CAFE FOR SPECIAL EVENTS
93C	FEES RECEIVED FOR WORK FORCE DEVELOPMENT ADMINISTRATIVE SERVICES
93B	FEES GENERATED FROM STUDENTS PARTICIPATING IN TRAINING CLASSES
93A	PROVIDES ADMINISTRATIVE, PAYROLL AND BOOKKEEPING TO OTHER NONPROFITS

Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a WORK SERVICES FEES					4,138
b VSS FEES					14,835
c PAYOLL REIM/ACCT SERVICES					1,052,395
d HARMONY CAFE FEES					23,040
e FOX FUND FEES					16,812
f ACTION FEES					14,050

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
GOODWILL DEVELOPMENT CORPORTATION	X	
FINANCIAL INFORMATION & SERVICES CENTER	X	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KEN EIDEN 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
RONALD DUNLAP 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
WESLEY C DRUMM 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
BOLA DELANO-ORIAN PHD 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
JOYCE BYTOF 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
ROBERT PEDERSEN 1800 APPLETON RD MENASHA,WI 54952	President & CEO 40	246,376	29,788	
NATALIE GEHRINGER MD 1800 APPLETON RD MENASHA,WI 54952	Secretary 0	0		
ROBERT TURNER 1800 APPLETON RD MENASHA,WI 54952	Treasurer 0	0		
I GREGG CURRY 1800 APPLETON RD MENASHA,WI 54952	VICE CHAIR 0	0		
RICHARD DETIENNE 1800 APPLETON RD MENASHA,WI 54952	Chairman 0	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
TOM WILTZIUS 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
AARON SHERER 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
DAVID OGILVIE 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
MARNIE LOOMANS 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
PAUL LINZMEYER 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
GARY LICHTENBERG 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
KAREN KING PHD 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
LINDA KENNEDY 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		
NANCY HEYKES 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	50,003	5,595	
DAVID HACKNEY 1800 APPLETON RD MENASHA,WI 54952	MEMBER 0	0		

Form 990, Part III - Program Service Accomplishments:

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.)
<div>a</div> <div>OTHER PROGRAMS, INCLUDING HSED/GED, HARMONY CAFE, INTERTRIBAL COMMUNITY CENTER AND COMMUNITY GARDEN PROVIDE A VARIETY OF COMMUNITY SERVICES IN TOTAL, APPROXIMATELY 2,000 INDIVIDUALS WERE SERVED IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		533,553
<div>b</div> <div>ACTION EMPLOYMENT PROVIDED A CURRICULUM-BASED, INDIVIDUALIZED COMPUTER/CLERICAL TRAINING PROGRAM TO 33 INDIVIDUALS THROUGH MARCH 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		62,053
<div>c</div> <div>WORK ADJUSTMENT TRAINING HELPED 81 INDIVIDUALS DEVELOP WORK SKILLS AND BEHAVIORS THROUGH PAID WORK EXPERIENCES</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		41,484
<div>d</div> <div>WORK SERVICES PROVIDED 104 INDIVIDUALS WITH DISABILITIES LONGER TERM TRAINING UTILIZING THE GOODWILL WORK SITE TO DEVELOP WORK SKILLS AND BEHAVIORS IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		298,857
<div>e</div> <div>WISCONSIN WORKS PROGRAMS PROVIDED INSTRUCTION AND SUPPORT RELATED TO PRE-EMPLOYMENT AND POST-EMPLOYMENT ACTIVITIES TO 319 INDIVIDUALS, PROVIDED WORK EXPERIENCE TO 31 PARTICIPANTS IN WISCONSIN WORKS, AND PROVIDED INDIVIDUALIZED JOB DEVELOPMENT AND JOB PLACEMENT SERVICES FOR 77 INDIVIDUALS TO HELP THEM ACHIEVE A MORE SELF-SUFFICIENT LIFESTYLE IN 2006 IN ADDITION, 78 INDIVIDUALS RECEIVED GUIDANCE IN INCREASING THE LEVEL OF SUPPORT GIVEN BY NON-CUSTODIAL PARENTS TO THE CHILDREN</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		72,049
<div>f</div> <div>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</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		295,931
<div>g</div> <div>HELPING HANDS IN THE HOME PROVIDED FISCAL AND HUMAN RESOURCE SUPPORT FOR 14 INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES WHO WERE ENGAGED IN PLANNING AND IMPLEMENTING SELF-DETERMINATION STRATEGIES IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		421,576
<div>h</div> <div>EARLY INTERVENTION SERVICES PROVIDED FAMILY-CENTERED INTERVENTION SERVICES TO 205 CHILDREN AGED BIRTH TO THREE WITH DISABILITIES OR DEVELOPMENTAL DELAYS IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		735,804
<div>i</div> <div>BEYOND THE BOUNDARIES OF AUTISM HELPED 194 CHILDREN WITH AUTISM MAXIMIZE THEIR INDEPENDENCE AND MANAGE THEIR BEHAVIORS IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		2,436,357
<div>j</div> <div>VOCATIONAL SUPPORT SERVICES HELPED 154 PEOPLE WITH DISABILITIES IN THEIR EFFORT TO OBTAIN MEANINGFUL EMPLOYMENT IN THE COMMUNITY IN 2006</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		810,376
<div>k</div> <div>RETAIL STORES PROVIDED EMPLOYMENT AND TRAINING FOR APPROXIMATELY 2,055 INDIVIDUALS IN 19 COMMUNITIES AND PROVIDE FREE MERCHANDISE TO OVER 25,000 INDIVIDUALS IN NEED</div> <div>(Grants and allocations \$)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>		19,461,193

Additional Data

Software ID: 06000146
Software Version: 2006v3.0
EIN: 39-1144913
Name: GOODWILL INDUSTRIES OF NC WI INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a VEHICLE	43a	430,077	382,248	47,829	
b TOOLS	43b	260,567	203,817	56,750	
c TAXES AND PERMITS	43c	83,779	70,874	12,905	
d OUTSIDE TRANSPORTATION	43d	45,996	45,996		
e MISCELLANEOUS	43e	288,832	69,625	219,002	205
f INSURANCE	43f	255,216	230,894	24,322	
g IN-KIND DONATIONS	43g	30,051	28,182		1,869
h DUES AND SUBSCRIPTIONS	43h	164,173	2,726	166,519	380
i BAD DEBT	43i	8,002		8,002	
j ADVERTISING	43j	559,639	508,405	51,234	

TY 2006 Other Expenses Included Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	Amount
RENT EXPENSE	33,119
GOODWILL DEVELOPMENT EXPENSES	121,696
FISC EXPENSES	732,938
COST OF GOODS SOLD	3,887,028

TY 2006 Other Liabilities Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	Beginning of Year Amount	End of Year Amount
VALUE OF SWAP AGREEMENT	161,020	404,681
DEFERRED COMPENSATION	309,263	439,796
DUE TO GOODWILL DEVELOPMENT	36,147	50,793

TY 2006 Other Revenues Included Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	Amount
GOODWILL DEVELOPMENT REVENUES	156,967
FISC REVENUES	598,617

TY 2006 Other Revenues Not Included Schedule

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Description	Amount
RENT EXPENSES	33,119
COST OF GOODS SOLD	3,887,028

TY 2006 Sales Of Inventory Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
RETAIL SALES	30,430,420	3,887,028	26,543,392

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Item No.	1
Name of Issue	
Purpose	SHINER CENTER
Amount Outstanding	479592
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	TOMAH IRB - LAND AND BUILDINGS
Amount Outstanding	4839131
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	WHEFA - LAND AND BUILDINGS
Amount Outstanding	9357000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	4
Name of Issue	
Purpose	TOWN OF GRAND CHUTE
Amount Outstanding	1100167
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	5
Name of Issue	
Purpose	ASHWAUBENEON STORE
Amount Outstanding	66105
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	6
Name of Issue	
Purpose	WISCONSIN RAPIDS STORE
Amount Outstanding	417758
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2006 Contractor Compensation Explanation

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Contractor	Explanation
SCHNEIDER NATIONAL INC	
RJ ALBRIGHT INC	
PHILADELPHIA INSURANCE COMPANY	
INSURANCE SERVICES INC	
BOSON CONTRACTORS	

TY 2006 Contractor Compensation Explanation

Name: GOODWILL INDUSTRIES OF NC WI INC

EIN: 39-1144913

Software ID: 06000146

Software Version: 2006v3.0

Contractor	Explanation
WACHOVIA INSURANCE SERVICE	
RIGHTPATH RESOURCES INC	
CORPORATE BENFIT SERVICES OF AMERICA	

TY 2006 Employee Compensation Explanation**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Employee	Explanation
KAREN LAWS	
KRISTINE HACKBARTH-HORN	
KEITH WILK	
C SCOTT COPELAND	
STEPHEN A WHITE	

TY 2006 Other Income Schedule**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Description	2003	2002	2001	2000	Total
BBA INSURANCE	52,763				52,763
EIS INSURANCE	99,762				99,762
CHANGE IN COMMUNITY FOUNDATION	24,009	34,570			58,579
MISCELLANEOUS	146,511	13,450	191,060	334,802	685,823

TY 2006 Self Dealing Statement**Name:** GOODWILL INDUSTRIES OF NC WI INC**EIN:** 39-1144913**Software ID:** 06000146**Software Version:** 2006v3.0

Line Number	Explanation
	SEE PART V-APART V-A - NANCY HEYKES IS EMPLOYED BY GOODWILL AS A LEASED TEAM MEMBER. NANCY HEYKES IS THE EXECUTIVE DIRECTOR OF THE "FOX CITIES ROTARY MULTI-CULTURAL CENTER". GOODWILL ALLOWS OTHER SMALL NON PROFITS TO JOIN GOODWILL TO PROVIDE MORE AFFORDABLE BENEFITS TO ITS EMPLOYEES. THE MULTI-CULTURAL CENTER HAS ITS OWN INDEPENDENT BOARD AND THE BOARD DECIDES THE COMPENSATION FOR NANCY HEYKES.