


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

2010

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

**B**

Check if applicable

☐

Address change

☐

Name change

☐

Initial return

☐

Terminated

☐

Amended return

☐

Application pending

**C**

Name of organization  
GOODWILL INDUSTRIES OF NC WI INC

Doing Business As

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

**G**

Gross receipts \$ 81,534,166

**F**

Name and address of principal officer

**H(a)**

Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)**

Are all affiliates included? ☐ Yes ☒ No  
If "No," attach a list (see instructions)

**H(c)**

Group exemption number ▶

**I**

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

**J**

Website: ▶ WWW.GOODWILLNCW.ORG

**K**

Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L**

Year of formation 1972

**M**

State of legal domicile WI

Part I Summary				
Activities & Governance	<b>1</b>	Briefly describe the organization’s mission or most significant activities Goodwill Industries of North Central Wisconsin (NCW) is a not-for-profit human services organization. Its mission is to "improve the community by improving the lives of its people through services, partnerships, collaborations and the responsible use of community resources." In 2010, Goodwill NCW touched the lives of 49,861 people. Of that total, 21,836 people were served through Goodwill NCW's 25 programs and services. In 2010, These programs help people with disabilities and other special needs learn life skills, get job training, become more independent, and build on their dreams. Goodwill NCW serves 35 counties and operates 22 retail stores/training centers.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 10	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 9	
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b> 2,400	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 2,375	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 3,441,251	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> -551,508	
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 32,975,708 <b>Current Year</b> 33,801,770	
		<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	34,605,307 39,127,902	
		<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	10,831 9,932	
		<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,865,644 3,723,986	
		<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	71,457,490 76,663,590	
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	652,509 666,806	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	26,810,482 28,425,883	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶152,277		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	39,531,945 44,285,870	
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	66,994,936 73,378,559	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	4,462,554 3,285,031	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
			53,555,078	59,611,233
			28,124,053	31,119,112
			25,431,025	28,492,121

Part II Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer

JACQUELINE DRAWS CFO  
Type or print name and title

Print/Type preparer's name

Firm's name ▶

Firm's address ▶

Preparer's signature

Date

Check if self-employed ☐

PTIN

Firm's EIN ▶

Phone no ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III


















Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ ☒

1	Briefly describe the organization's mission				
<p>Goodwill Industries of North Central Wisconsin (NCW) is a not-for-profit human services organization. Its mission is to "improve the community by improving the lives of its people through services, partnerships, collaborations and the responsible use of community resources." In 2010, Goodwill NCW touched the lives of 49,861 people. Of that total, 21,836 people were served through Goodwill NCW's 25 programs and services in 2010. These programs help people with disabilities and other special needs learn life skills, get job training, become more independent, and build on their dreams. Goodwill NCW serves 35 counties and operates 22 retail stores/training centers.</p>					
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," describe these changes on Schedule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.				
4a	(Code )	(Expenses \$ 56,847,567	including grants of \$ 542,599	(Revenue \$ 38,603,606	)
<p>Goodwill Industries of North Central Wisconsin, Inc. has a Community Development program that provides opportunities in each of its 22 retail stores/training centers for individuals with disabilities and other barriers to get hands-on training and work experience. In 2010, this program served 2,209 individuals, who received a total of 184,573 hours of supervised work experience. In addition, the organization helps people in need through its GoodNeighbor Initiative. Goodwill Industries of North Central Wisconsin, Inc. partners with local social service agencies that distribute Goodwill NCW's store vouchers to people in need of emergency clothing and household items. In 2010, this voucher program provided \$542,599 in free merchandise to 25,816 people throughout Goodwill NCW's 35-county region.</p>					
4b	(Code )	(Expenses \$ 7,324,613	including grants of \$ )	(Revenue \$ 1,368,207	)
<p>In addition, the following programs and services were offered during 2010: Almost Home - works with current Habitat for Humanity homeowners to remain successful in their home ownership and helps applicants improve their status for eligibility (53 served in 2010); American Indian Services of the Fox Valley - provides Native Americans with information, advocacy and cultural enrichment activities (555 served in 2010); Children First - works with noncustodial parents to help them provide financial and emotional support for their children as they develop (129 served in 2010); Circles of Support - assists men and women in making a successful transition from incarceration to life in the community, using a support network of local volunteers to provide guidance, mentoring and direction to the ex-offenders (232 served in 2010); Community Garden Partnership - provides rental garden plots to help people feed their families, build community around an enjoyable activity, and contribute to local food pantries and emergency shelters (516 served in 2010); Community Service Jobs (CSJ) - provides work experience opportunities for Wisconsin Works (W-2) program participants, who are placed in area businesses and receive job seeking and job keeping instruction and support (126 served in 2010); Early Intervention Services (EIS) - program for families with children from birth to age 3, who have disabilities or developmental delays (255 served in 2010); GoodBusiness - helps low-to-moderate income persons start or grow micro-businesses (25 served in 2010, first year of program); Harmony Caf - a not-for-profit coffee house in Appleton and Green Bay that is a gathering place where the diversity of people, ideas and activities are celebrated (8,022 served in 2010); Helping Hands in the Home - provides fiscal and human resource support for caregivers of people with disabilities (6 served in 2010, program discontinued); High School Equivalency Diploma (HSED) Program - assists "at-risk" youth and adult learners in completing their studies for Wisconsin's HSED or the national General Education Development (GED) tests (37 served in 2010); Miracle League - gives children with disabilities ages 4-19 the opportunity to play baseball in an organized, non-competitive league on a safe, accessible baseball field (97 served in 2010, first year of program); Restorative Justice Programs - operates three programs in Goodwill NCW's 35-county region to get offenders to understand the impact of their behavior, to empower victims in their search for closure, and to promote restitution to victims and communities (737 served in 2010); School-to-Work - helps students with special needs develop work skills and behaviors through paid work experiences and classroom learning (80 served in 2010); Talent Shop - nonprofit consignment store in Wausau where area seniors earn extra income by selling their unique handcrafted items (220 served in 2010); Transitional Support Program - provides vocational and employment support to people with special needs who are approaching readiness for employment in the community but are ineligible for funded programs (36 served in 2010); Vocational Evaluation - assesses individual vocational interests, aptitudes, abilities and needs through a variety of tools and evaluation techniques (63 served in 2010); Volunteer Income Tax Assistance - offers free tax assistance, preparation and electronic filing services for persons with low-to-moderate incomes, people with disabilities and older taxpayers (1,919 served in 2010); Wisconsin Works (W-2) Job Development Program - provides individualized job development and job placement services to help people achieve a more self-sufficient lifestyle (70 served in 2010); Work Adjustment Training - a short-term training program for people with disabilities that uses Goodwill worksites to develop work skills and behaviors (102 served in 2010); Work Services - longer-term training program that uses Goodwill worksites to help people with disabilities develop work skills (127 served in 2010).</p>					
4c	(Code )	(Expenses \$ 1,606,375	including grants of \$ )	(Revenue \$ 1,597,426	)
<p>The Beyond Boundaries of Autism program of Goodwill Industries of North Central Wisconsin, Inc. provides in-home therapy to help children and young adults with autism maximize their independence and better manage their behaviors in order to be successful in their homes, schools and communities. In 2010, this program served 116 children and young adults with autism.</p>					
4d	Other program services (Describe in Schedule O )				
	(Expenses \$ 1,040,204	including grants of \$ )	(Revenue \$ 1,039,745	)	
4e	Total program service expenses \$ 66,818,759				

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	68	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	2,400	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10 Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filedWI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JACQUELINE DRAWS 1800 APPLETON RD MENASHA, WI 54952 (920) 731-6601

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Wendy Shoemaker Director Retail	40.00					X		104,395	0	7,672
(2) TOM WILTZIUS Secretary	1.00	X		X				0	0	0
(3) TERRY TIMM Director	1.00	X						0	0	0
(4) RONALD DUNLAP VChair/Director	1.00	X		X				0	0	0
(5) ROBERT PEDERSEN President & CEO	40.00			X	X			313,425	0	31,660
(6) RICK STACK Director	1.00	X						0	0	0
(7) RICHARD DETIENNE Director	1.00	X						0	0	0
(8) REV DOTTIE MATTHEWS Director	1.00	X						0	0	0
(9) NORBERT HILL Director	1.00	X						0	0	0
(10) NATALIE GEHRINGER MD Director	1.00	X						0	0	0
(11) NANCY COONEN CIO	40.00					X		117,390	0	24,751
(12) MARY HAYES Director	1.00	X						0	0	0
(13) MARGARET LEBRUN Director	1.00	X						0	0	0
(14) LINDA KENNEDY vice Chairman	1.00	X		X				0	0	0
(15) KRISTINE HACKBARTH-HORN COO-PEOPLE	40.00					X		129,587	0	29,775
(16) KIM BASSETT-HEITZMANN Director	1.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O )	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) KEVIN MCNAMARA Director	1 00	X						0	0	0
(18) KEITH WILK COO - PROGRAMS	40 00					X		136,433	0	28,199
(19) KATHRYN CORREIA Director	1 00	X						0	0	0
(20) KAREN LAWS COO-MARKETING	0 00					X		119,947	0	29,329
(21) KAREN KING Director	1 00	X						0	0	0
(22) JOYCE BYTOF Director	1 00	X						0	0	0
(23) JAY FULKERSON Director	1 00	X						0	0	0
(24) JACQUELINE DRAWS CFO	40 00			X	X			159,167	0	19,592
(25) I GREGG CURRY Chairman	3 00	X		X				0	0	0
(26) GARY LICHTENBERG Director	1 00	X						0	0	0
(27) DAVID OGILVIE Secret/Director	1 00	X		X				0	0	0
(28) DAVID HACKNEY Treasurer	3 00	X		X				0	0	0
(29) CATHY TIERNEY Director	1 00	X						0	0	0
(30) C SCOTT COPELAND COO-RETAIL & LOGISTICS	0 00				X			175,203	0	33,211
(31) BOLA DELANO-ORIARAN PHD Director	1 00	X						0	0	0
(32) AARON SHERER Director	1 00	X						0	0	0
1b Sub-Total . . . . .										
c Total from continuation sheets to Part VII, Section A . . . . .										
d Total (add lines 1b and 1c) . . . . .								1,255,547		204,189

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization8

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
RJ Albright Inc 5711 GREEN VALLEY RD OSHKOSH, WI 54904	BUILDING CONTRACTOR	1,755,782
FIRST NONPROFIT 1 SOUTH WACKER DRIVE STE 2380 CHICAGO, IL 60606	UNEMPLOYMENT INS	409,558
ARKETYPE 612 STUART STREET GREEN BAY, WI 54301	MARKETING/ADVERTISIN	379,671
AON RISK SERVICES CENTRAL INC 75 REMITTANCE DRIVE CHICAGO, IL 606751943	INS AGENT/WORK COMP	448,251
ANTHEM BLUE CROSS BLUE SHIELD PO BOX 951269 CLEVELAND, OH 44193	INSURANCE ADMIN	827,459
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 22		



Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e	3,673,304		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,128,466		
	g	Noncash contributions included in lines 1a-1f \$		29,687,519		
	h	Total. Add lines 1a-1f . . . . .		33,801,770		
Program Service Revenue			Business Code			
	2a	POST RETAIL SALES	900004	4,363,836	4,363,836	
	b	PAYOLL REIM/ACCT SERVICES	900004	2,071,754	2,071,754	
	c	OTHER PROGRAM REVENUE	900004	1,368,207	1,368,207	
	d	E-COMMERCE	900004	1,115,343	1,115,343	
	e	DONATED GOODS SALE	900004	29,287,772	29,287,772	
	f	All other program service revenue		920,990	920,990	
	g	Total. Add lines 2a-2f . . . . .		39,127,902		
Other Revenue	3		Investment income (including dividends, interest and other similar amounts) . . . . .	9,932		9,932
	4		Income from investment of tax-exempt bond proceeds . .	0		
	5		Royalties . . . . .	0		
	6a	(i) Real				
		279,235				
		56,344				
		222,891				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .		222,891		222,891
	7a	(i) Securities				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .		0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .				
		a				
b	Less direct expenses . . . . .					
c	Net income or (loss) from fundraising events . .		0			
9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a					
b	Less direct expenses . . . . .					
c	Net income or (loss) from gaming activities . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .					
	a					
	8,255,483					
b	Less cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory . .		4,814,232			
		Miscellaneous Revenue	Business Code			
11a	MISCELLANEOUS		900004	59,844	59,844	
	b					
	c					
	d					
	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .			59,844		
12	Total revenue. See Instructions . . . . .			76,663,590	39,187,746	232,823

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	98,507	98,507		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	568,299	568,299		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	732,258		732,258	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	21,622,662	18,678,458	2,854,312	89,892
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	638,974	586,050	50,104	2,820
9	Other employee benefits . . . . .	3,728,299	3,207,495	504,399	16,405
10	Payroll taxes . . . . .	1,703,690	1,428,902	267,911	6,877
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	35,005	5,529	29,476	
c	Accounting . . . . .	70,327		70,327	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	1,004,265	938,064	66,201	
13	Office expenses . . . . .	838,887	773,038	65,577	272
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	2,698,120	2,574,503	123,617	
17	Travel . . . . .	887,754	747,295	140,459	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	40,215	12,816	27,399	
20	Interest . . . . .	1,223,529	1,201,538	21,991	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	2,093,078	1,644,115	448,708	255
23	Insurance . . . . .	194,756	171,535	23,221	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	Postage and Shipping	1,186,107	1,134,807	49,790	1,510
b	HARMONY CAFE FOOD	347,467	347,467		
c	EQUIPMENT	549,579	462,506	87,073	
d	DONATED GOODS COGS	29,991,482	29,991,482		
e	ADMINISTRATIVE FEES	1,685,764	1,277,963	407,801	
f	All other expenses	1,439,535	968,390	436,899	34,246
25	Total functional expenses. Add lines 1 through 24f	73,378,559	66,818,759	6,407,523	152,277
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	0
	2	Savings and temporary cash investments . . . . .			6,224,789	2	6,812,995
	3	Pledges and grants receivable, net . . . . .				3	0
	4	Accounts receivable, net . . . . .			684,080	4	1,170,978
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	0
	7	Notes and loans receivable, net . . . . .				7	0
	8	Inventories for sale or use . . . . .			8,197,927	8	8,021,469
	9	Prepaid expenses and deferred charges . . . . .			193,867	9	254,445
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	55,941,437			
	b	Less: accumulated depreciation . . . . .	10b	14,799,147	36,458,649	10c	41,142,290
	11	Investments—publicly traded securities . . . . .				11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	0
	14	Intangible assets . . . . .				14	0
	15	Other assets. See Part IV, line 11 . . . . .			1,795,766	15	2,209,056
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			53,555,078	16	59,611,233	
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,739,079	17	3,354,804
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			22,780,153	20	24,650,309
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			2,604,821	25	3,113,999
	26	Total liabilities. Add lines 17 through 25 . . . . .			28,124,053	26	31,119,112
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			25,301,930	27	28,492,121
28		Temporarily restricted net assets . . . . .			129,095	28	
29		Permanently restricted net assets . . . . .				29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			25,431,025	33	28,492,121
34		Total liabilities and net assets/fund balances . . . . .			53,555,078	34	59,611,233

**Part XI**   **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	76,663,590
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	73,378,559
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	3,285,031
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	25,431,025
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	-223,935
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	28,492,121

**Part XII**   **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization GOODWILL INDUSTRIES OF NC WI INC	Employer identification number 39-1144913
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

▶

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	└
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	└
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	▶	└
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	▶	└
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	▶	└

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,546,773	5,200,643	25,540,413	32,975,708	33,801,770	103,065,307
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,874,257	30,290,995	35,399,919	34,605,307	39,127,902	167,298,380
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	33,421,030	35,491,638	60,940,332	67,581,015	72,929,672	270,363,687
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						270,363,687

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	33,421,030	35,491,638	60,940,332	67,581,015	72,929,672	270,363,687
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	164,818	232,579	50,500	10,831	289,167	747,895
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	164,818	232,579	50,500	10,831	289,167	747,895
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	290,533	317,132	105,365	53,358	59,844	826,232
13 Total support (Add lines 9, 10c, 11 and 12 )	33,876,381	36,041,349	61,096,197	67,645,204	73,278,683	271,937,814
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99 420 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99 170 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0 280 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 260 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test



Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 39-1144913

Name: GOODWILL INDUSTRIES OF NC WI INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wendy Shoemaker Director Retail	40 00					X		104,395	0	7,672
TOM WILTZIUS Secretary	1 00	X		X				0	0	0
TERRY TIMM Director	1 00	X						0	0	0
RONALD DUNLAP VChair/Director	1 00	X		X				0	0	0
ROBERT PEDERSEN President & CEO	40 00			X	X			313,425	0	31,660
RICK STACK Director	1 00	X						0	0	0
RICHARD DETIENNE Director	1 00	X						0	0	0
REV DOTTIE MATTHEWS Director	1 00	X						0	0	0
NORBERT HILL Director	1 00	X						0	0	0
NATALIE GEHRINGER MD Director	1 00	X						0	0	0
NANCY COONEN CIO	40 00					X		117,390	0	24,751
MARY HAYES Director	1 00	X						0	0	0
MARGARET LEBRUN Director	1 00	X						0	0	0
LINDA KENNEDY vice Chairman	1 00	X		X				0	0	0
KRISTINE HACKBARTH-HORN COO-PEOPLE	40 00					X		129,587	0	29,775
KIM BASSETT-HEITZMANN Director	1 00	X						0	0	0
KEVIN MCNAMARA Director	1 00	X						0	0	0
KEITH WILK COO - PROGRAMS	40 00					X		136,433	0	28,199
KATHRYN CORREIA Director	1 00	X						0	0	0
KAREN LAWS COO-MARKETING	0 00					X		119,947	0	29,329
KAREN KING Director	1 00	X						0	0	0
JOYCE BYTOF Director	1 00	X						0	0	0
JAY FULKERSON Director	1 00	X						0	0	0
JACQUELINE DRAWS CFO	40 00			X	X			159,167	0	19,592
I GREGG CURRY Chairman	3 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY LICHTENBERG Director	1 00	X						0	0	0
DAVID OGILVIE Secret/Director	1 00	X		X				0	0	0
DAVID HACKNEY Treasurer	3 00	X		X				0	0	0
CATHY TIERNEY Director	1 00	X						0	0	0
C SCOTT COPELAND COO-RETAIL & LOGISTICS	0 00				X			175,203	0	33,211
BOLA DELANO-ORIARAN PHD Director	1 00	X						0	0	0
AARON SHERER Director	1 00	X						0	0	0

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number  
39-1144913

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

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

2

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

a Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		8,780,043		8,780,043
b Buildings . . . . .		33,317,384	8,475,735	24,841,649
c Leasehold improvements . . . . .		1,755,731	569,378	1,186,353
d Equipment . . . . .				
e Other . . . . .		12,088,279	5,754,034	6,334,245
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				41,142,290



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	The Organization is required to assess whether it is more likely than not that a tax position will be sustained upon examination on the technical merits of the position assuming the taxing authority has full knowledge of all information. If the tax position does not meet the more likely than not recognition threshold, the benefit of that position is not recognized in the financial statements. The Organization has determined there are no amounts to record as assets or liabilities related to uncertain tax positions. PART XI, XII, AND XIII - GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN DOES NOT RECEIVE AN AUDIT. THE AUDIT THAT IS RECEIVED IS A CONSOLIDATED AUDIT FOR GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN, GOODWILL INDUSTRIES DEVELOPMENT CORPORATION, FINANCIAL INFORMATION & SERVICE CENTER, INC AND MONEY MANAGEMENT EDUCATION ASSOCIATES.
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in fair value of interest rate swap \$ -250902



[illegible]

3 Enter total number of other organizations or entities . . . . . ►



## Part III

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2010**

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number  
39-1144913

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY FOX CITPO BOX 1605 APPLETON, WI 54912	13-3485289	501(C)(3)	10,000	0			THANKSGIVING DINNER
(2) REHABILITATION FOR WIS1302 MENDOTA ST NO 200 MADISON, WI 53714	23-7046390	501(C)(3)	10,000	0			GENERAL SUPPORT
(3) NEW NORTH1716 LAWRENCE DR DE PERE, WI 54115	26-0114487	501(c)(3)	12,500	0			GENERAL SUPPORT
(4) NATH204 W FREDERICK STREET RHINELANDER, WI 54501	27-0991363	501(c)(3)	10,000	0			HOMELESS SHELTER SUPPORT
(5) FV WARMING SHELTER PO BOX 1261 APPLETON, WI 54912	26-1887706	501(c)(3)	30,000	0			FUND CONSTRUCTION OF NEW SHELTER
(6) AMERICAN RED CROSS 1302 E WISCONSIN AVE APPLETON, WI 54911	53-0196605	501(C)(3)	16,007	0			HAITI RELIEF

2

Enter total number of section 501(c)(3) and government organizations . . . . .

9

3

Enter total number of other organizations . . . . .

1

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

Cat No 50055P

Schedule I (Form 990) 2010

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CERTIFICATE ASSISTANCE	25816		568,299	SALE PRICE OF RETAIL GOODS	VOUCHERS FOR INDIVIDUALS TO PURCHASE CLOTHING AND OTHER GOOD

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		GOODWILL'S GOODNEIGHBOR PROGRAM IS MONITORED BY THE CERTIFICATES THAT ARE GIVEN TO OTHER LOCAL SOCIAL SERVICE AGENCIES
Additional Supplemental Information		GOODWILL INDUSTRIES NCW WILL DONATE TO VARIOUS LOCAL NONPROFITS IN OUR SERVICE AREA ALL DECISIONS TO DONATE TO OTHER ORGANIZATIONS ARE APPROVED BY THE BOARD

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number  
39-1144913

Part I

Questions Regarding Compensation

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

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROBERT PEDERSEN	(i) (ii)	313,425				31,660	345,085	
(2) KRISTINE HACKBARTH-HORN	(i) (ii)	129,587				29,775	159,362	
(3) KEITH WILK	(i) (ii)	136,433				28,199	164,632	
(4) JACQUELINE DRAWS	(i) (ii)	159,167				19,592	178,759	
(5) C SCOTT COPELAND	(i) (ii)	175,203				33,211	208,414	
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	UNDER AN EMPLOYMENT CONTRACT WITH GOODWILL INDUSTRIES OF NORTH CENTRAL WISCONSIN, INC , THE CEO'S SPOUSE CAN TRAVEL TO THE DELEGATE ASSEMBLY AND THE CONFERENCE OF EXECUTIVES FOR GOODWILL INDUSTRIES INTERNATIONAL. ALL AMOUNTS WERE APPROPRIATELY INCLUDED IN HIS FORM W-2.



Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number  
39-1144913

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WISCONSIN HEALTH AND EDUC	39-1337855		12-15-2010	11,647,000	LAND AND BUILDINGS		X		X		X
B	TOWN OF GRAND CHUTE WISCONSIN	39-6005918	NONE00000	11-20-1996	1,750,000	LAND AND BUILDINGS		X		X		
C	CITY OF WISCONSIN RAPIDS WISCONSIN	39-6005663	NONE00000	12-18-2000	562,000	BUILDING AND LAND		X		X		

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	288,613				288,613			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,647,000		1,750,000		562,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	200,082							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,842,561		1,750,000		562,000			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	1996		1996		2000			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div></div>								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?	X			X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?								

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization GOODWILL INDUSTRIES OF NC WI INC										Employer identification number 39-1144913		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF TOMAH WISCONSIN	39-6005633	NONE00000	09-27-2002	5,625,000	LAND AND BUILDINGS		X		X		
B	CITY OF APPLETON	39-6005381	NONE00000	04-12-2006	500,000	WAREHOUSE AND LAND		X		X		
C	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97710VXL7	11-17-2005	11,310,000	LAND AND BUILDINGS		X		X	X	
D	WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	39-1337855	97710BBE1	05-15-2008	9,255,000	PURCHASE LAND AND BUILDINGS		X		X		

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,982,413		196,108		1,820,000		915,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	5,625,000		500,000		11,310,000		9,255,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	241,550				241,550		252,662	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	5,625,000		500,000		11,310,000		9,255,000	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2002		2006		2005		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X	X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider	WELLS FARGO BANK NATIONAL ASSOCIATION				WELLS FARGO BANK NATIONAL ASSOCIATION			
c	Term of hedge	15 0000				15 0000		15 0000	
d	Was the hedge superintegrated?		X		X	X		X	
e	Was a hedge terminated?		X				X		X
4a	Were gross proceeds invested in a GIC?		X				X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X				X		X
6	Did the bond issue qualify for an exception to rebate?	X				X		X	

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons  
▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  

2010

Open to Public Inspection

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number  
39-1144913

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) I GREGG CURRY	BOARD CHAIR	36,130	LEGAL SERVICES		No

Part V

Supplemental Information  
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		MCCARTY LAW PROVIDES VARIOUS LEGAL SERVICES TO GOODWILL INDUSTRIES NCW I GREGG CURRY IS A PARTNER AT MCCARTY LAW AND BOARD CHAIR OF GOODWILL INDUSTRIES NCW

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
GOODWILL INDUSTRIES OF NC WI INC

Employer identification number  
39-1144913

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications			2,627,113	SELLING PRICE
5 Clothing and household goods . . . . .			26,964,864	SELLING PRICE
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
MIRACLE				
25 Other ► ( LEAGUE )		17	63,800	FMV
26 Other ► ( Miscellaneous )		23	31,742	FMV
27 Other ► ( )				
28 Other ► ( )				

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

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30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> GOODWILL INDUSTRIES OF NC WI INC	<b>Employer identification number</b> 39-1144913
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	CONSOLIDATED FINANCIAL STATEMENTS ARE POSTED ON THE WEBSITE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE NOT AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	COMPENSATION COMMITTEE HIRED AN INDEPENDENT FIRM, RSM MCGLADREY, TO PERFORM A COMPENSATION REVIEW FOR THE 7 LEADERSHIP POSITIONS OF GOODWILL NCW

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	New Conflict of Interest Agreements are sent to all Board Members annually to sign, and Annual Director Disclosures are sent to all Board Members annually to sign

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the 990 return was provided to all board members. The Finance Committee reviewed the 990 return and recommended to the whole Goodwill board to accept the 990 tax return.

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Goodwill Industries of North Central Wisconsin amended the Bylaws on April 21, 2010 to restructure the Board of Directors. The size of the board and the terms for each of the Directors were the most significant of the changes.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 In addition, the following programs and services were offered during 2010</p> <p>Almost Home - works with current Habitat for Humanity homeowners to remain successful in their homeownership and helps applicants improve their status for eligibility (53 served in 2010)</p> <p>American Indian Services of the Fox Valley - provides Native Americans with information, advocacy and cultural enrichment activities (555 served in 2010)</p> <p>Children First - works with noncustodial parents to help them provide financial and emotional support for their children as they develop (129 served in 2010)</p> <p>Circles of Support - assists men and women in making a successful transition from incarceration to life in the community, using a support network of local volunteers to provide guidance, mentoring and direction to the ex-offenders (232 served in 2010)</p> <p>Community Garden Partnership - provides rental garden plots to help people feed their families, build community around an enjoyable activity, and contribute to local food pantries and emergency shelters (516 served in 2010)</p> <p>Community Service Jobs (CSJ) - provides work experience opportunities for Wisconsin Works (W-2) program participants, who are placed in area businesses and receive job seeking and job keeping instruction and support (126 served in 2010)</p> <p>Early Intervention Services (EIS) - program for families with children from birth to age 3, who have disabilities or developmental delays (255 served in 2010)</p> <p>GoodBusiness - helps low-to-moderate income persons start or grow micro-businesses (25 served in 2010, first year of program)</p> <p>Harmony Caf - a not-for-profit coffee house in Appleton and Green Bay that is a gathering place where the diversity of people, ideas and activities are celebrated (8,022 served in 2010)</p> <p>Helping Hands in the Home - provides fiscal and human resource support for caregivers of people with disabilities (6 served in 2010, program discontinued)</p> <p>High School Equivalency Diploma (HSED) Program - assists "at-risk" youth and adult learners in completing their studies for Wisconsin's HSED or the national General Education Development (GED) tests (37 served in 2010)</p> <p>Miracle League - gives children with disabilities ages 4-19 the opportunity to play baseball in an organized, non-competitive league on a safe, accessible baseball field (97 served in 2010, first year of program)</p> <p>Restorative Justice Programs - operates three programs in Goodwill NCW's 35-county region to get offenders to understand the impact of their behavior, to empower victims in their search for closure, and to promote restitution to victims and communities (737 served in 2010)</p> <p>School-to-Work - helps students with special needs develop work skills and behaviors through paid work experiences and classroom learning (80 served in 2010)</p> <p>Talent Shop - nonprofit consignment store in Wausau where area seniors earn extra income by selling their unique handcrafted items (220 served in 2010)</p> <p>Transitional Support Program - provides vocational and employment support to people with special needs who are approaching readiness for employment in the community but are ineligible for funded programs (36 served in 2010)</p> <p>Vocational Evaluation - assesses individual vocational interests, aptitudes, abilities and needs through a variety of tools and evaluation techniques (63 served in 2010)</p> <p>Volunteer Income Tax Assistance - offers free tax assistance, preparation and electronic filing services for persons with low-to-moderate incomes, people with disabilities and older taxpayers (1,919 served in 2010)</p> <p>Wisconsin Works (W-2) Job Development Program - provides individualized job development and job placement services to help people achieve a more self-sufficient lifestyle (70 served in 2010)</p> <p>Work Adjustment Training - a short-term training program for people with disabilities that uses Goodwill worksites to develop work skills and behaviors (102 served in 2010)</p> <p>Work Services - longer-term training program that uses Goodwill worksites to help people with disabilities develop work skills (127 served in 2010)</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

<b>Name of the organization</b> GOODWILL INDUSTRIES OF NC WI INC	<b>Employer identification number</b> 39-1144913
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Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) MONEY MANAGEMENT EDUCATION ASSOCIATES 1800 APPLETON RD MENASHA, WI 54952 39-1991425	EQUIP PEOPLE TO BE RESPONSIBLE FOR FINANCIAL WELLBEING	WI	501(C)(3)	509(A)(1)	N/A	Yes	
(2) FINANCIAL INFORMATION & SERVICES CENTER 1800 APPLETON RD MENASHA, WI 54952 39-1496649	ASSISTING AND EDUCATING PEOPLE IN MANGEMENT OF FINANCES	WI	501(C)(3)	509(A)(1)	N/A	Yes	
(3) GOODWILL INDUSTRIES DEVELOPMENT CORP 1800 APPLETON RD MENASHA, WI 54952 51-0211215	HOLD TITLE TO REAL ESTATE	WI	501(c)(3)	509(a)(1)	N/A	Yes	

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GOODWILL INDUSTRIES DEVELOPMENT CORP	J	186,804	REASSIGNED LEAS
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
		PART V - GOODWILL INDUSTRIES NCW GIFTS THE USE OF SPACE AND OTHER EXPENSES RELATED TO THE USE OF THE SPACE TO GOODWILL DEVELOPMENT CORPORATION (GWD), FINANCIAL INFORMATION & SERVICES CENTER (FISC) AND MONEY MANAGEMENT EDUCATION ASSOCIATION (MMEA) GOODWILL NCW ALSO GIFTS MANAGEMENT AND GENERAL SERVICE (ACCOUNTING, MARKETING, IT, HUMAN RESOURCES) TO GWD, FISC AND MMEA THE VALUE FOR THESE ITEMS ARE NOT RECORDED ON THE FINANCIAL STATEMENTS OF ANY OF THE ORGANIZATIONS OTHER - THE BOARDS OF DIRECTORS FOR GOODWILL INDUSTRIES NCW, GOODWILL DEVELOPMENT, FINANCIAL INFORMATION & SERVICES CENTER AND MONEY MANAGEMENT EDUCATION ASSOCIATION ARE IDENTICAL