

# Return of Organization Exempt From Income Tax

**2010**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2010 calendar year, or tax year beginning** , 2010, and ending , 20

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GOODWILL INDUSTRIES KYOWVA AREA INC Doing Business As GOODWILL INDUSTRIES KYOWVA AREA INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 7365, 1102 MEMORIAL BLVD City or town, state or country, and ZIP + 4 HUNTINGTON, WV 25776-7365			<b>D Employer identification number</b> 23-7374240
	<b>E Telephone number</b> (304) 525-7034			
	<b>F Name and address of principal officer:</b> KIMBERLY LEWIS 1102 MEMORIAL BLVD HUNTINGTON, WV 25776-7365			
	<b>G Gross receipts \$</b> 7,373,691.			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.GOODWILLHUNTING.ORG			<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1973 <b>M State of legal domicile:</b> WV	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: ATTACHMENT 1		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	21.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	21.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	327.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	54.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	1,434,738.	1,737,596.
	9	Program service revenue (Part VIII, line 2g)	5,426,944.	5,439,643.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	102,037.	151,690.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,644.	44,762.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,987,363.	7,373,691.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,085,760.	4,231,273.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,191.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,622,620.	2,761,294.
<b>Net Assets or Fund Balances</b>	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,708,380.	6,992,567.
	19	Revenue less expenses. Subtract line 18 from line 12	278,983.	381,124.
	20	Total assets (Part X, line 16)	6,546,107.	7,036,015.
	21	Total liabilities (Part X, line 26)	245,326.	274,905.
22	Net assets or fund balances. Subtract line 21 from line 20.	6,300,781.	6,761,110.	

**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.

<b>Sign Here</b>	Signature of officer: <i>Heather M. Morris</i> Date: 5/16/11
	Type or print name and title: Heather M. Morris, Director of Finance

<b>Paid Preparer Use Only</b>	Print/Type preparer's name WADE S. C. NEWELL, CPA	Preparer's signature <i>W. S. C. Newell, CPA</i>	Date MAY 16 2011	Check if self-employed <input type="checkbox"/>	PTIN P01051041
	Firm's name ▶ SOMERVILLE & COMPANY, P.L.L.C.	Firm's EIN ▶ 55-0372924		Phone no. 304-525-0301	
	Firm's address ▶ 501 5TH AVENUE HUNTINGTON, WV 25701				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 3,277,597. including grants of \$ ) (Revenue \$ 4,047,229. )
RETAIL - RETAIL STORES REPRESENTS NEARLY 55% OF GROSS REVENUE; THEREFORE, THE SALE OF GENTLY USED DONATIONS IS THE PRIMARY SOURCE THROUGH WHICH GOODWILL FUNDS ITS MISSIONS. DURING 2010, THE ORGANIZATION PROVIDED EMPLOYMENT OPPORTUNITIES FOR 327 INDIVIDUALS THROUGH ITS EIGHT RETAIL LOCATIONS, WEBSITE AND SUPPORT OPERATIONS THROUGHOUT ITS TERRITORY. EIGHT RETAIL LOCATIONS PROVIDED MISSION RELATED SERVICES ON SITE.

4b (Code: ) (Expenses \$ 1,175,776. including grants of \$ ) (Revenue \$ 970,185. )
CONTRACT SERVICES - THIS DIVISION PROVIDES JANITORIAL AND DOCUMENT DESTRUCTION SERVICES TO HOUSEHOLDS AND LOCAL BUSINESSES. THESE SERVICES PROVIDE TRAINING OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND DISADVANTAGES. IN ADDITION, THE DIVISION OPERATES A COMMUNITY RECYCLING PROGRAM TO PROMOTE RECYCLING OF COMPUTERS, NEWSPAPER AND CORRUGATED CARDBOARD.

4c (Code: ) (Expenses \$ 805,305. including grants of \$ ) (Revenue \$ 240,994. )
EMPLOYMENT & TRAINING - DURING THE YEAR THE ORGANIZATION SERVED 1,167 INDIVIDUALS WITH DISABILITIES AND DISADVANTAGES TO HELP IMPROVE THEIR WORK READINESS AND EMPLOYMENT SKILLS ABILITIES TO GAIN COMPETITIVE EMPLOYMENT IN THEIR COMMUNITIES.

4d Other program services. (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 502,136. including grants of \$ ) (Revenue \$ 181,235. )
4e Total program service expenses ▶ 5,760,814.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form with columns for question numbers (1a, 1b, 2a, etc.), Yes/No checkboxes, and a shaded response area. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WV,
18 Section 6104 requires an organization to make its Forms 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. [X] Own website [X] Another's website [X] 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KIMBERLY LEWIS 1102 MEMORIAL BLVD HUNTINGTON, WV 25776 304-525-7034

**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. 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) PAUL DAVIS DIRECTOR	.50	X					0.	0.	0.	
(2) NORMA CASTO DIRECTOR	.50	X					0.	0.	0.	
(3) DONALD FAHERTY DIRECTOR	.50	X					0.	0.	0.	
(4) DAVID HARRIS DIRECTOR	.50	X					0.	0.	0.	
(5) STEVE CHRISTO DIRECTOR	.50	X					0.	0.	0.	
(6) STAN LAMBERT DIRECTOR	.50	X					0.	0.	0.	
(7) DALE LOY DIRECTOR	.50	X					0.	0.	0.	
(8) MARY ANN MICKEL DIRECTOR	.50	X					0.	0.	0.	
(9) DAVID MUSKERA DIRECTOR	.50	X					0.	0.	0.	
(10) STEVE PERRY DIRECTOR	.50	X					0.	0.	0.	
(11) NANCY CARTMILL DIRECTOR	.50	X					0.	0.	0.	
(12) DR VIOLETTE EASH DIRECTOR	.50	X					0.	0.	0.	
(13) ROBERT SUMMERFELDT DIRECTOR	.50	X					0.	0.	0.	
(14) ANTHONY SCHWALLIE DIRECTOR	.50	X					0.	0.	0.	
(15) WILLIAM A SMITH DIRECTOR	.50	X					0.	0.	0.	
(16) TONY SPIEGELBERG DIRECTOR	.50	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) CHRISTOPHER TATUM DIRECTOR	.50	X						0.	0.	0.
(18) SUSAN WEINBERGER DIRECTOR	.50	X						0.	0.	0.
(19) MARIA FINLEY DIRECTOR	.50	X						0.	0.	0.
(20) BILL GOAD DIRECTOR	.50	X						0.	0.	0.
(21) GAIL HENDERSON-STAPLES ESQ DIRECTOR	.50	X						0.	0.	0.
(22) DR REV PAUL RUSSELL DIRECTOR/BOARD CHAIRMAN	.50	X		X				0.	0.	0.
(23) SAM VALLANDINGHAM DIRECTOR/VICE CHAIR	.50	X		X				0.	0.	0.
(24) ARNOLD JANICKER, ESQ DIRECTOR/SECRETARY	.50	X		X				0.	0.	0.
(25) MICHAEL MISITI DIRECTOR/TREASURER	.50	X		X				0.	0.	0.
(26) KIMBERLY LEWIS EXECUTIVE DIRECTOR	40.00			X				120,673.	0.	0.
(27) HEATHER MARRS CHIEF FINANCIAL OFFICER	40.00			X				54,574.	0.	0.
(28)										
<b>1b Sub-total</b>								175,247.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								175,247.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

**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

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 **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	1a 68,500.				
	<b>b</b>	Membership dues . . . . .	1b				
	<b>c</b>	Fundraising events . . . . .	1c				
	<b>d</b>	Related organizations . . . . .	1d 130,131.				
	<b>e</b>	Government grants (contributions) . . . . .	1e 405,502.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 1,133,463.				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	1,015,902.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	ATTACHMENT .5 . . . . .	1,737,596.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	DONATED GOODS	453000	4,047,229.	4,047,229.		
	<b>b</b>	CONTRACT SERVICES	900099	970,185.	970,185.		
	<b>c</b>	EMPLOYMENT & TRAINING	561300	240,994.	240,994.		
	<b>d</b>	CONSUMER SERVICES	900099	120,879.	120,879.		
	<b>e</b>	FAMILY SERVICES	900099	60,356.	60,356.		
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		5,439,643.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		151,690.		151,690.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
	<b>6a</b>	Gross Rents . . . . .	(i) Real	19,683.			
			(ii) Personal				
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .	19,683.				
	<b>d</b>	Net rental income or (loss) . . . . .		19,683.		19,683.	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
<b>d</b>	Net gain or (loss) . . . . .		0.				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a					
<b>b</b>	Less: direct expenses . . . . .	b					
<b>c</b>	Net income or (loss) from fundraising events . . . . .			0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	a					
		b					
		c			0.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	a					
		b					
		c			0.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	MISCELLANEOUS	900099	79.	79.			
<b>b</b>	TRAINING REVENUE	900099	25,000.	25,000.			
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		25,079.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		7,373,691.	5,464,722.	171,373.		

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
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 . . . . .	175,247.		175,247.	
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 . . . . .	3,090,364.	2,687,808.	230,694.	171,862.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	62,623.	47,487.	12,047.	3,089.
9 Other employee benefits . . . . .	526,359.	446,047.	59,754.	20,558.
10 Payroll taxes . . . . .	376,680.	317,237.	32,504.	26,939.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	12,800.		12,800.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees . . . . .	17,270.		17,270.	
g Other . . . . .	61,155.	41,616.	19,534.	5.
12 Advertising and promotion . . . . .	71,306.	47,569.	12,639.	11,098.
13 Office expenses . . . . .	295,794.	142,785.	149,796.	3,213.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	593,017.	535,971.	34,415.	22,631.
17 Travel . . . . .	122,724.	58,893.	27,241.	36,590.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	17,964.	7,319.	10,645.	
20 Interest . . . . .	1,082.		1,082.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	203,355.	154,420.	29,233.	19,702.
23 Insurance . . . . .	96,910.	82,182.	14,185.	543.
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 <u>DONATED GOODS</u> . . . . .	1,009,110.	1,009,110.		
b <u>SUPPLIES</u> . . . . .	171,413.	159,730.	10,722.	961.
c <u>DUES</u> . . . . .	78,628.	14,135.	64,493.	
d <u>SPECIAL ASSISTANCE</u> . . . . .	4,633.	4,498.	135.	
e <u>AWARDS AND GRANTS</u> . . . . .	4,133.	4,007.	126.	
f All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,992,567.	5,760,814.	914,562.	317,191.
26 <b>Joint Costs.</b> Check here <input 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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	531,178.	<b>1</b>	460,747.	
	<b>2</b> Savings and temporary cash investments . . . . .	1,052,615.	<b>2</b>	1,235,521.	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .	206,572.	<b>4</b>	174,344.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> 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) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .	88,568.	<b>8</b>	93,302.	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	85,026.	<b>9</b>	98,956.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,282,609.			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,765,831.	2,525,063.	<b>10c</b>	2,516,778.
	<b>11</b> Investments - publicly traded securities . . . . .	<b>ATCH 3</b>	2,057,085.	<b>11</b>	2,456,367.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b> Intangible assets . . . . .			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .			<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		6,546,107.	<b>16</b>	7,036,015.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	244,166.	<b>17</b>	275,049.	
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	1,160.	<b>21</b>	-144.	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		245,326.	<b>26</b>	274,905.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	6,300,781.	<b>27</b>	6,761,110.	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33 Total net assets or fund balances</b> . . . . .		6,300,781.	<b>33</b>	6,761,110.	
<b>34 Total liabilities and net assets/fund balances</b> . . . . .		6,546,107.	<b>34</b>	7,036,015.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,373,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,992,567.
3	Revenue less expenses. Subtract line 2 from line 1	3	381,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,300,781.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	79,205.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,761,110.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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.	X	
2d	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	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?		X
3b	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.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

<b>Name of the organization</b> GOODWILL INDUSTRIES KYOWVA AREA INC	<b>Employer identification number</b> 23-7374240
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**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?

	Yes	No
(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 supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

h Provide the following information about the supported organization(s).

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 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); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2010; 16b 33 1/3% support test - 2009; 17a 10%-facts-and-circumstances test - 2010; 17b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

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

**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.")	1,131,669.	1,184,745.	1,137,164.	1,434,738.	1,737,596.	6,625,912.
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 . . . . .	4,655,109.	5,195,383.	5,413,615.	5,426,944.	5,439,643.	26,130,694.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .	5,786,778.	6,380,128.	6,550,779.	6,861,682.	7,177,239.	32,756,606.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
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 . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						32,756,606.

**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. . . . .	5,786,778.	6,380,128.	6,550,779.	6,861,682.	7,177,239.	32,756,606.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	118,684.	125,391.	67,834.	124,610.	171,373.	607,892.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	118,684.	125,391.	67,834.	124,610.	171,373.	607,892.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	24,853.	23,931.	33,758.	1,071.	25,079.	108,692.
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	5,930,315.	6,529,450.	6,652,371.	6,987,363.	7,373,691.	33,473,190.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(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	97.86%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	97.96%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.82%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	1.64%

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 ▶

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 ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

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**Schedule of Contributors**

**2010**

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

<b>Name of the organization</b> GOODWILL INDUSTRIES KYOWVA AREA INC	<b>Employer identification number</b> 23-7374240
--	---

**Organization type (check one):**

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **GOODWILL INDUSTRIES KYOWVA AREA INC**Employer identification number  
**23-7374240****Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WV DEPT OF REHABILITATION SERVICES P.O. BOX 50890 CHARLESTON, WV 25305	\$ 338,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	VARIOUS INDIVIDUALS AND BUSINESSES LESS THAN 2% OF CONTRIBUTIONS	\$ 1,015,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UNITED WAY 820 MADISON AVENUE HUNTINGTON, WV 25704	\$ 68,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	GOODWILL INDUSTRIES INTERNATIONAL 15810 INDIANOLA DRIVE ROCKVILLE, MD 20855	\$ 130,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WV DIVISION OF CRIMINAL JUSTICE 1204 KANAWHA BLVD E CHARLESTON, WV 25301	\$ 61,411.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VARIOUS INDIVIDUALS AND BUSINESSES LESS THAN 2% OF CONTRIBUTIONS	\$ 77,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **GOODWILL INDUSTRIES KYOWVA AREA INC**

Employer identification number  
**23-7374240**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CITIGROUP ----- 7930 NORTH WEST 110 STREET ----- KANSAS CITY, MO 64153 -----	\$ 40,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	VARIOUS GOVERNMENT GRANTS ----- LESS THAN 2% OF CONTRIBUTIONS ----- -----	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **GOODWILL INDUSTRIES KYOWVA AREA INC**

Employer identification number  
**23-7374240**

**Part II Noncash Property (see instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	BOOKS, PUBLICATIONS, CLOTHING AND HOUSEHOLD GOODS	\$ 1,015,902.	2010
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

GOODWILL INDUSTRIES KYOWVA AREA INC

Employer identification number

23-7374240

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIV, describe how the organization reports 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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, 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:

	Amount
c Beginning balance	1,160.
d Additions during the year	1,215,925.
e Distributions during the year	1,217,229.
f Ending balance	-144.

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 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 Net investment earnings, gains, and 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:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part VI 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	586,134.			586,134.
b Buildings	3,184,374.		1,664,681.	1,519,693.
c Leasehold improvements	235,343.		138,823.	96,520.
d Equipment	915,461.		749,536.	165,925.
e Other	361,297.		212,791.	148,506.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,516,778.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (7,373,691). Line 2: Total expenses (6,992,567). Line 3: Excess or (deficit) for the year (381,124). Line 4: Net unrealized gains (79,205). Line 9: Total adjustments (79,205). Line 10: Excess or (deficit) for the year per audited financial statements (460,329).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: Total revenue (7,373,691). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (7,373,691). Line 4: Amounts included on Form 990 but not on line 1. Line 5: Total revenue (7,373,691).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: Total expenses (6,992,567). Line 2: Amounts included on line 1 but not on Form 990. Line 3: Subtract line 2e from line 1 (6,992,567). Line 4: Amounts included on Form 990 but not on line 1. Line 5: Total expenses (6,992,567).

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, line 2; 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.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

01

990 SCHEDULE D PART IV

THE ORGANIZATION PROVIDES CONSUMER CREDIT COUNSELING SERVICES, FREE AND CONFIDENTIAL BUDGET COUNSELING, CREDIT AND HOUSING COUNSELING, BANKRUPTCY COUNSELING AND DEBT REPAYMENT PLANS TO 1,400 ELIGIBLE INDIVIDUALS FOR 2010. THE ORGANIZATION MAINTAINS AN ESCROW ACCOUNT TO FACILITATE THESE GOALS.

02

990 SCHEDULE D PART X #2

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, RELATING TO UNRECOGNIZED TAX BENEFITS. THIS STANDARD REQUIRES AN ENTITY TO RECOGNIZE A LIABILITY FOR TAX POSITIONS WHEN THERE IS A 50% OR GREATER LIKELIHOOD THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION IS LIABLE FOR TAXES TO THE EXTENT OF ANY UNRELATED BUSINESS INCOME AS DEFINED BY IRS REGULATIONS. THE ORGANIZATION BELIEVES THAT IT HAS NOT ENGAGED IN ANY UNRELATED BUSINESS INCOME AS DEFINED BY IRS REGULATIONS AND THAT IT IS MORE LIKELY THAN NOT THAT THIS POSITION WOULD BE SUSTAINED UPON EXAMINATION. AS SUCH, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2010 AND 2009.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization: **GOODWILL INDUSTRIES KYOWVA AREA INC** Employer identification number: **23-7374240**

**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 noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		28,378.	RESALE VALUE
5 Clothing and household goods . . . . .	X		987,524.	RESALE VALUE
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 . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
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 . . . . . **29** 0.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

**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.

---

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

GOODWILL INDUSTRIES KYOWVA AREA INC

Employer identification number

23-7374240

01

FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 10)

A COPY OF THE AUDITED FINANCIAL STATEMENTS ARE PROVIDED TO THE AUDIT COMMITTEE OF THE EXECUTIVE BOARD FOR REVIEW TO ENSURE ITS FINANCIAL ACCURACY. THE AUDITED FINANCIAL STATEMENTS ARE THEN USED TO PREPARE THE FORM 990. THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR TO ENSURE THE FINANCIAL AND NARRATIVE ACCURACY BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

02

CONFLICT OF INTEREST POLICY COMPLIANCE (PART VI, LINE 12C)

ALL STAFF MEMBERS ARE REQUIRED TO READ AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY AND A COPY IS THEN PLACED IN THE EMPLOYEE'S FILE. IN ADDITION TO THE CONFLICT OF INTEREST POLICY, SENIOR MANAGEMENT MEMBERS ARE REQUIRED TO READ AND SIGN OFF ON THE CORPORATE COMPLIANCE PLAN WHICH IS ALSO COPIED AND KEPT IN THE EMPLOYEE'S FILE. THE POLICY IS MONITORED THROUGH THE CORPORATE COMPLIANCE PLAN DOCUMENT, IN WHICH THE STAFF IS PROVIDED A TOLL FREE NUMBER THAT ALLOWS THE INDIVIDUAL TO ANONYMOUSLY REPORT ANY SUSPECTED CONFLICTS. FURTHERMORE, ALL BOARD MEMBERS ARE REQUIRED ANNUALLY TO READ AND SIGN THE CONFLICT OF INTEREST POLICY. ANY POSSIBLE OR SUSPECTED CONFLICTS ARE DISCLOSED AND DISCUSSED OPENLY BY THE BOARD.

03

Name of the organization

GOODWILL INDUSTRIES KYOWVA AREA INC

Employer identification number

23-7374240

CEO, EXECUTIVE DIRECTOR, TOP MANAGEMENT COMPENSATION (PART VI, LINE 15A) DURING THE SUMMER OF EACH YEAR, THE BOARD OF DIRECTOR'S PERSONNEL, FINANCE AND EXECUTIVE COMMITTEES MEET TO REVIEW THE EXECUTIVE DIRECTOR'S PERFORMANCE, ANNUAL AUDIT RESULTS AND ACCOMPLISHMENTS AGAINST THE ANNUAL BUDGET APPROVED BY THE BOARD. IN CONJUNCTION WITH THAT PROCESS, GOODWILL INDUSTRIES INTERNATIONAL CONDUCTS SALARY SURVEYS OF CEO'S AND SENIOR STAFF AND RATES THEM BY REVENUE AND SIZE. THIS INFORMATION IS SHARED WITH MEMBER GOODWILLS. THE COMMITTEES USE THIS INFORMATION AS WELL AS COMPENSATION REPORTS COMPILED FROM OTHER LOCAL ORGANIZATIONS TO DETERMINE A FAIR COMPENSATION PACKAGE.

04

GOVERNING DOCUMENTS, ETC AVAILABLE TO THE PUBLIC (PART VI, LINE 19) THE ORGANIZATION MAKES AVAILABLE NON CONFIDENTIAL INFORMATION TO THE GENERAL PUBLIC VIA THE ORGANIZATION'S PHYSICAL LOCATION AND ITS WEBSITE AT WWW.GOODWILLHUNTING.ORG. THIS DOCUMENTATION CONSISTS OF ANNUAL REPORTS, ANNUAL 990'S AND OTHER ITEMS THAT WOULD ENABLE THE USER TO MAKE AN INFORMED DECISION ABOUT THE CHARITABLE CAUSES OF THE ORGANIZATION.

05

OTHER SERVICES FORM 990 PART III (D) OTHER SERVICES - THE FAMILY SERVICES DIVISION PROVIDES COUNSELING AND PARENTING SUPPORT SERVICES TO HELP ELIGIBLE INDIVIDUALS AND FAMILIES COPE WITH PERSONAL, SOCIAL AND FAMILY PROBLEMS. IN 2010, THE FAMILY SERVICE DIVISION SERVED 404 PERSONS. THE ORGANIZATION'S CONSUMER CREDIT COUNSELING SERVICES PROVIDED FREE AND CONFIDENTIAL BUDGET COUNSELING,

Name of the organization

GOODWILL INDUSTRIES KYOWVA AREA INC

Employer identification number

23-7374240

CREDIT AND HOUSING COUNSELING, BANKRUPTCY COUNSELING, AND DEBT REPAYMENT  
 PLANS TO 1,400 ELIGIBLE INDIVIDUALS DURING 2010. AN ADDITIONAL 2,104  
 PEOPLE GAINED FINANCIAL EDUCATION THROUGH CCCS OUTREACH SERVICES.

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GOODWILL'S MISSION IS TO EMPOWER PEOPLE TO OVERCOME EMPLOYMENT  
 BARRIERS AND HELP STRENGTHEN FAMILIES AND COMMUNITIES. GOODWILL IS A  
 SOCIAL ENTERPRISE BECAUSE IT SELLS GENTLY USED DONATIONS IN ITS  
 RETAIL STORES TO FUND ITS CAREER CENTERS AND OTHER JOB TRAINING,  
 PLACEMENT AND ADVANCEMENT PROGRAMS. TOGETHER THESE PROGRAMS EASE  
 POVERTY AND UNEMPLOYMENT, POSITIVELY IMPACTING ECONOMIC STABILITY.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
FAMILY SERVICES		235,727.	60,356.
CONSUMER SERVICES		266,409.	120,879.
TOTALS		<u>502,136.</u>	<u>181,235.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS	2,456,367.	FMV
TOTALS	<u>2,456,367.</u>	

ATTACHMENT 4

FORM 990, PART VIII - NONCASH CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
VARIOUS INDIVIDUALS AND BUSINESSES LESS THAN 2% OF CONTRIBUTIONS	2010						1,015,902.
TOTALS							<u>1,015,902.</u>

ATTACHMENT 5

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
WV DEPT OF REHABILITATION SERVICES P.O. BOX 50890 CHARLESTON, WV 25305	2010					338,841.	
VARIOUS INDIVIDUALS AND BUSINESSES LESS THAN 2% OF CONTRIBUTIONS	2010						1,015,902.
UNITED WAY 820 MADISON AVENUE HUNTINGTON, WV 25704	2010	68,500.					
GOODWILL INDUSTRIES INTERNATIONAL 15810 INDIANOLA DRIVE ROCKVILLE, MD 20855	2010				130,131.		

ATTACHMENT 5 (CONT'D)

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
WV DIVISION OF CRIMINAL JUSTICE 1204 KANAWHA BLVD E CHARLESTON, WV 25301	2010					61,411.	
VARIOUS INDIVIDUALS AND BUSINESSES LESS THAN 2% OF CONTRIBUTIONS	2010						77,221.
CITIGROUP 7930 NORTH WEST 110 STREET KANSAS CITY, MO 64153	2010						40,340.
VARIOUS GOVERNMENT GRANTS LESS THAN 2% OF CONTRIBUTIONS	2010					5,250.	
TOTALS		68,500.		130,131.		405,502.	1,133,463.