

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning 2019, and ending 20

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.</u>  |  | <b>D</b> Employer identification number<br><u>39-0808491</u>  |
|  | Doing business as   |  | <b>E</b> Telephone number<br><u>(414) 847-4200</u>  |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><u>5400 SOUTH 60TH STREET</u>              |  | <b>G</b> Gross receipts \$ <u>149,255,838.</u>  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><u>GREENDALE, WI 53129</u>                              |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|  | <b>F</b> Name and address of principal officer: <u>JACQUELINE L. HALLBERG</u><br><u>5400 SOUTH 60TH STREET, GREENDALE, WI 53129</u> |  | <b>H(c)</b> Group exemption number ▶  |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.GOODWILLSEW.COM

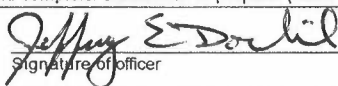
**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1919 **M** State of legal domicile: WI

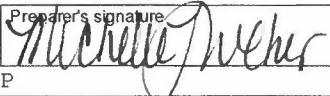
**Part I Summary**

|   |   |
|---|---|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>GOODWILL PROVIDES TRAINING, EMPLOYMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES WHO SEEK GREATER INDEPENDENCE.</u> |
|   | <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> <u>19.</u>  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <u>19.</u>  |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <u>4,760.</u>  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <u>252.</u>  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <u>0.</u><br><b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <u>0.</u>                                      |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <u>35,482,240.</u> <b>Prior Year</b> <u>41,529,172.</u> <b>Current Year</b>  |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <u>71,230,412.</u> <u>70,770,307.</u>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>308,243.</u> <u>720,454.</u>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>475,838.</u> <u>45,421.</u>   |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>107,496,733.</u> <u>113,065,354.</u>  |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>782,326.</u> <u>1,026,549.</u>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <u>0.</u>   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>88,662,629.</u> <u>82,754,434.</u>   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> <u>0.</u>  |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>263,584.</u>  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>8,276,294.</u> <u>9,839,184.</u>  |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>97,721,249.</u> <u>93,620,167.</u>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>9,775,484.</u> <u>19,445,187.</u> |   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <u>180,612,843.</u> <b>Beginning of Current Year</b> <u>191,689,939.</u> <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26) <u>62,691,016.</u> <u>54,934,341.</u>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <u>117,921,827.</u> <u>136,755,598.</u>   |

**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> |  | <u>6.9.2020</u> |
|                  | Signature of officer  | Date            |
|                  | <u>JEFFREY E. DOCALAVICH</u>  | <u>CFO</u>      |
|                  | Type or print name and title  |                 |

|                               |  |   |                         |   |                          |
|-------------------------------|--|---|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>MICHELLE L WEBER</u>                | Preparer's signature<br> | Date<br><u>6/2/2020</u> | Check <input type="checkbox"/> if self-employed | PTIN<br><u>P00556798</u> |
|                               | Firm's name<br>▶ <u>GRANT THORNTON LLP</u>                           | Firm's EIN ▶ <u>36-6055558</u>  |                         | Phone no. <u>414-289-8200</u>                   |                          |
|                               | Firm's address<br>▶ <u>100 E. WISCONSIN AVE. MILWAUKEE, WI 53202</u> |   |                         |   |                          |

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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  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?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 80,733,576. including grants of \$ 0.) (Revenue \$ 44,098,920.)

ATTACHMENT 2

**4b** (Code: \_\_\_\_\_) (Expenses \$ 2,103,598. including grants of \$ 1,026,549.) (Revenue \$ 26,818,545.)

ATTACHMENT 3

**4c** (Code: \_\_\_\_\_) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 82,837,174.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .   | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .  |     | X  |
| <b>4</b> <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? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .   |     | X  |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>  |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .            |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .   |     | X  |
| <b>11</b> 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.  |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .   | X   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .   | X   |    |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .   | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .  |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . . |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .   |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .   |     | X  |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .  |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .   | X   |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

|            |  | Yes | No |
|------------|--|-----|----|
| <b>2a</b>  | 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. . . . . <b>2a</b> 4,760   |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .         | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country ► _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  |     |    |
| <b>6a</b>  | 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 as charitable contributions? . . . . .                                    |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | 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? . . . . .  | X   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>  |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders . . . . . <b>11a</b>   |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</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 . . . . . <b>13b</b>   |     |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . . <b>13c</b>  |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .   |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see instructions and file Form 4720, Schedule N.                   |     | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   |     | X  |

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL, WI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title  | (B)<br>Average hours per week per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) JACQUELINE L. HALLBERG<br>PRESIDENT & CEO                | 40.00<br>12.00  |   |                       | X       |              |                              |        | 649,295.   | 0.  | 38,757.   |
| (2) BILLIE TORRENTT<br>CHIEF OPERATING OFFICER               | 15.00<br>37.00  |   |                       |         | X            |                              |        | 121,086.   | 249,293.  | 38,952.   |
| (3) TAMARA T. JUNG<br>CFO/ASST TREASURER - THRU 8/19         | 40.00<br>12.00  |   |                       | X       |              |                              |        | 326,259.   | 0.  | 28,623.   |
| (4) STEVEN J. LOOS<br>CAO/ASST. SECRETARY-AS OF 2/19         | 40.00<br>12.00  |   |                       | X       |              |                              |        | 289,475.   | 0.  | 40,152.   |
| (5) MICHAEL MATUS<br>VICE PRESIDENT - THRU 9/19              | 40.00<br>0.   |   |                       |         |              | X                            |        | 285,097.   | 0.  | 24,899.   |
| (6) PATRICIA A. BOELTER-MUNDT<br>VP, CHIEF MARKETING OFFICER | 40.00<br>0.   |   |                       |         |              | X                            |        | 275,642.   | 0.  | 27,987.   |
| (7) CHRISTINE E. BROOKS<br>VICE PRESIDENT                    | 40.00<br>0.   |   |                       |         |              | X                            |        | 249,574.   | 0.  | 38,279.   |
| (8) KENT A. WALTERS<br>SENIOR VP - OPERATIONS                | 40.00<br>0.   |   |                       |         |              | X                            |        | 241,052.   | 0.  | 37,359.   |
| (9) DANIEL S. DEPIES<br>SVP MISSION-THRU 7/19; CMO           | 47.00<br>5.00   |   |                       | X       |              |                              |        | 210,666.   | 23,407.   | 36,856.   |
| (10) LISA HEIDER<br>VICE PRESIDENT - FINANCE                 | 40.00<br>0.   |   |                       |         |              | X                            |        | 216,846.   | 0.  | 35,603.   |
| (11) CHARLES J. STADLER<br>FORMER CHIEF OPERATING OFFICER    | 0.<br>0.  |   |                       |         |              |                              | X      | 108,056.   | 0.  | 0.  |
| (12) JEFFREY DOCALAVICH<br>CFO/ASST. TREASURER-AS OF 8/19    | 40.00<br>12.00  |   |                       | X       |              |                              |        | 97,649.  | 0.  | 5,122.  |
| (13) TIMOTHY J. MATTKE<br>CHAIR                              | 2.00<br>3.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (14) ROBERT J. KLUG<br>TREASURER                             | 2.00<br>2.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 15) THOMAS R. SAVAGE<br>SECRETARY                                      | 2.00<br>2.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 16) IRENE SUDAC<br>VICE CHAIR  | 2.00<br>3.00   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 17) JAMES BORRIS<br>DIRECTOR   | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 18) JACQUELINE M. BOWLES<br>DIRECTOR                                   | 2.00<br>1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 19) MARY DOWELL<br>DIRECTOR  | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 20) KAREN G. DUFFY<br>DIRECTOR   | 2.00<br>1.00   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 21) JOHN DZIEWA<br>DIRECTOR  | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 22) LAURA GOUGH<br>DIRECTOR  | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 23) MICHELLE D. GREENE<br>DIRECTOR                                     | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 24) BRADLEY KALSCHUR<br>DIRECTOR                                       | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 25) DAVID MARCUS<br>DIRECTOR   | 2.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              |        | 3,070,697.   | 272,700.  | 352,589.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 3,070,697.   | 272,700.  | 352,589.  |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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> . . . . .                                       | X   |    |
| <b>4</b> 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> . . . . . | X   |    |
| <b>5</b> 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> . . . . .                       |     | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **▶** 31



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) MICHELLE MASON<br>-----<br>DIRECTOR                                | 2.00<br>-----<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 27) RICHARD A. MEEUSEN<br>-----<br>DIRECTOR                            | 2.00<br>-----<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 28) THOMAS V. RICHTMAN<br>-----<br>DIRECTOR                            | 2.00<br>-----<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 29) ANTHONY D. ROSS<br>-----<br>DIRECTOR - THRU 8/19                   | 2.00<br>-----<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 30) MASON ROSS<br>-----<br>DIRECTOR                                    | 2.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 31) CARL E. VANDER WILT<br>-----<br>DIRECTOR                           | 2.00<br>-----<br>1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ( 32) MARILYN VOLLRATH<br>-----<br>DIRECTOR                              | 2.00<br>-----<br>0.  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 52

|  | Yes | No |
|--|-----|----|
| <b>3</b> 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> . . . . .                                       | X   |    |
| <b>4</b> 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> . . . . . | X   |    |
| <b>5</b> 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> . . . . .                       |     | 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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>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 **▶**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   |  |   |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |          |
|---|--|---|--|----------------------|--|--------------------------------------|---|----------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . .   | <b>1a</b>  |                      |  |                                      |   |          |
|   | <b>b</b>   | Membership dues . . . . .   | <b>1b</b>  |                      |  |                                      |   |          |
|   | <b>c</b>   | Fundraising events . . . . .  | <b>1c</b>  | 231,069.             |  |                                      |   |          |
|   | <b>d</b>   | Related organizations . . . . .   | <b>1d</b>  | 28,059,123.          |  |                                      |   |          |
|   | <b>e</b>   | Government grants (contributions) . .   | <b>1e</b>  | 12,581,119.          |  |                                      |   |          |
|   | <b>f</b>   | All other contributions, gifts, grants,<br>and similar amounts not included above . | <b>1f</b>  | 657,861.             |  |                                      |   |          |
|   | <b>g</b>   | Noncash contributions included in<br>lines 1a-1f. . . . .                           | <b>1g</b>  | \$                   |  |                                      |   |          |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |  | 41,529,172.          |  |                                      |   |          |
|   | <b>Program Service Revenue</b>   | <b>2a</b>   | GREAT LAKES PROGRAMS AND SERVICES  | Business Code        | 561499                                       | 44,005,930.                          | 44,005,930.   |          |
| <b>b</b>  |  | PARTICIPANT PROGRAM AND SERVICES  |  | 624100               | 26,764,377.                                  | 26,764,377.                          |   |          |
| <b>c</b>  |  |   |  |                      |  |                                      |   |          |
| <b>d</b>  |  |   |  |                      |  |                                      |   |          |
| <b>e</b>  |  |   |  |                      |  |                                      |   |          |
| <b>f</b>  |  | All other program service revenue . . . . .   |  |                      |  |                                      |   |          |
| <b>g</b>  |  | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |  |                      | 70,770,307.                                  |                                      |   |          |
| <b>Other Revenue</b>  |  | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts). . . . . ▶ |                      |  | 556,450.                             |   | 556,450. |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . ▶                              |  |                      | 0.   |                                      |   |          |
|   | <b>5</b>   | Royalties . . . . . ▶   |  |                      | 0.   |                                      |   |          |
|   | <b>6a</b>  | Gross rents . . . . .   | <b>6a</b>  | (i) Real             |  |                                      |   |          |
|   |  |   |  | (ii) Personal        |  |                                      |   |          |
|   |  |   |  |                      | 228,086.                                     |                                      |   |          |
|   | <b>b</b>   | Less: rental expenses   | <b>6b</b>  |                      | 67,830.                                      |                                      |   |          |
|   | <b>c</b>   | Rental income or (loss)   | <b>6c</b>  |                      | 160,256.                                     |                                      |   |          |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶   |  |                      | 160,256.                                     |                                      | 160,256.  |          |
|   | <b>7a</b>  | Gross amount from<br>sales of assets<br>other than inventory                        | <b>7a</b>  | (i) Securities       |  |                                      |   |          |
|   |  |   |  | (ii) Other           |  | 350,159.                             |   |          |
|   |  |   |  |                      |  | 186,155.                             |   |          |
|   |  |   |  |                      |  | 164,004.                             |   |          |
|   | <b>b</b>   | Less: cost or other basis<br>and sales expenses . .                                 | <b>7b</b>  |                      |  |                                      |   |          |
|   | <b>c</b>   | Gain or (loss) . . . . .  | <b>7c</b>  |                      |  |                                      |   |          |
| <b>d</b>  | Net gain or (loss) . . . . . ▶   |   |  | 164,004.             |  | 164,004.                             |   |          |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$ 231,069.<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>   |  | 48,243.              |  |                                      |   |          |
| <b>b</b>  | Less: direct expenses . . . . .  | <b>8b</b>   |  | 324,304.             |  |                                      |   |          |
| <b>c</b>  | Net income or (loss) from fundraising events. . . . . ▶  |   |  | -276,061.            |  | -276,061.                            |   |          |
| <b>9a</b>   | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .   | <b>9a</b>   |  | 1,245.               |  |                                      |   |          |
| <b>b</b>  | Less: direct expenses . . . . .  | <b>9b</b>   |  | 1,292.               |  |                                      |   |          |
| <b>c</b>  | Net income or (loss) from gaming activities. . . . . ▶   |   |  | -47.                 |  | -47.                                 |   |          |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>10a</b>  |  | 35,703,893.          |  |                                      |   |          |
|   |  |   |  | 35,610,903.          |  |                                      |   |          |
|   |  |   |  |                      |  |                                      |   |          |
| <b>b</b>  | Less: cost of goods sold . . . . .   | <b>10b</b>  |  |                      |  |                                      |   |          |
| <b>c</b>  | Net income or (loss) from sales of inventory. . . . . ▶  |   |  | 92,990.              | 92,990.                                      |                                      |   |          |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>   | CREDIT CARD REBATE  | Business Code  | 561000               | 41,001.                                      | 41,001.                              |   |          |
|   | <b>b</b>   | VENDING SERVICE   |  | 561499               | 14,115.                                      |                                      | 14,115.   |          |
|   | <b>c</b>   | MISCELLANEOUS INCOME  |  | 900099               | 13,167.                                      | 13,167.                              |   |          |
|   | <b>d</b>   | All other revenue . . . . .   |  |                      |  |                                      |   |          |
|   | <b>e</b>   | <b>Total.</b> Add lines 11a-11d . . . . . ▶   |  |                      | 68,283.                                      |                                      |   |          |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶   |   |  | 113,065,354.         | 70,917,465.                                  |                                      | 618,717.  |          |

**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).

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 605,699.              | 605,699.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 420,850.              | 420,850.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0.                    |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 2,128,500.            | 628,784.                        | 1,465,313.                             | 34,403.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 238,091.              |                                 | 238,091.                               |                             |
| <b>7</b> Other salaries and wages . . . . .  | 61,818,263.           | 48,150,207.                     | 13,503,053.                            | 165,003.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 1,961,481.            | 1,214,021.                      | 738,960.                               | 8,500.                      |
| <b>9</b> Other employee benefits . . . . .   | 11,734,218.           | 9,988,327.                      | 1,729,726.                             | 16,165.                     |
| <b>10</b> Payroll taxes . . . . .  | 4,873,881.            | 3,770,060.                      | 1,092,414.                             | 11,407.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .  | 0.                    |                                 |  |                             |
| <b>b</b> Legal . . . . .   | 371,573.              | 15,244.                         | 356,329.                               |                             |
| <b>c</b> Accounting . . . . .  | 175,168.              |                                 | 175,168.                               |                             |
| <b>d</b> Lobbying . . . . .  | 0.                    |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .   | 0.                    |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <b>ATCH 5</b> . . . . .  | 12,760,205.           | 8,285,176.                      | 4,460,969.                             | 14,060.                     |
| <b>12</b> Advertising and promotion . . . . .  | 2,312,372.            | 148,316.                        | 2,164,056.                             |                             |
| <b>13</b> Office expenses . . . . .  | 4,597,970.            | 3,959,936.                      | 637,153.                               | 881.                        |
| <b>14</b> Information technology . . . . .   | 1,925,422.            | 485,206.                        | 1,434,236.                             | 5,980.                      |
| <b>15</b> Royalties . . . . .  | 0.                    |                                 |  |                             |
| <b>16</b> Occupancy . . . . .  | 2,831,919.            | 1,033,581.                      | 1,796,748.                             | 1,590.                      |
| <b>17</b> Travel . . . . .   | 1,879,856.            | 1,644,565.                      | 235,073.                               | 218.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   | 0.                    |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 373,762.              | 128,895.                        | 239,490.                               | 5,377.                      |
| <b>20</b> Interest . . . . .   | 1,491,666.            | 2,136.                          | 1,489,530.                             |                             |
| <b>21</b> Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 2,877,031.            | 326,242.                        | 2,550,789.                             |                             |
| <b>23</b> Insurance . . . . .  | 536,121.              | 398,706.                        | 137,415.                               |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  |                       |                                 |  |                             |
| <b>a</b> ALLOCATED MANAGEMENT FEES . . . . .   | -18,992,574.          |                                 | -18,992,574.                           |                             |
| <b>b</b> ALLOCATED OCCUPANCY . . . . .   | -3,136,307.           | 1,631,223.                      | -4,767,530.                            |                             |
| <b>c</b> TRANSPORTATION TAX REFUND . . . . .   | -140,000.             |                                 | -140,000.                              |                             |
| <b>d</b> PERSONAL PROPERTY TAX REFUND . . . . .  | -25,000.              |                                 | -25,000.                               |                             |
| <b>e</b> All other expenses . . . . .  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 93,620,167.           | 82,837,174.                     | 10,519,409.                            | 263,584.                    |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year      |
|--|--|--------------------------|--------------|-------------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing . . . . .   | 0.                       | <b>1</b>     | 0.                      |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 39,324,924.              | <b>2</b>     | 54,111,974.             |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 25,964.                  | <b>3</b>     | 68,864.                 |
|  | <b>4</b> Accounts receivable, net. . . . .   | 9,766,189.               | <b>4</b>     | 9,644,552.              |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0.                       | <b>5</b>     | 0.                      |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .  | 0.                       | <b>6</b>     | 0.                      |
|  | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>     | 0.                      |
|  | <b>8</b> Inventories for sale or use . . . . .   | 658,050.                 | <b>8</b>     | 520,883.                |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 884,253.                 | <b>9</b>     | 748,553.                |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 193,800,535.  |              |                         |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 93,458,930.   | 105,646,951. | <b>10c</b> 100,341,605. |
|  | <b>11</b> Investments - publicly traded securities. . . . .  | 0.                       | <b>11</b>    | 0.                      |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>    | 0.                      |
|  | <b>13</b> Investments - program-related. See Part IV, line 11. . . . .   | 0.                       | <b>13</b>    | 0.                      |
|  | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>    | 0.                      |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 24,306,512.              | <b>15</b>    | 26,253,508.             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 180,612,843.   | <b>16</b>                | 191,689,939. |                         |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 19,016,438.              | <b>17</b>    | 17,828,233.             |
|  | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b>    | 0.                      |
|  | <b>19</b> Deferred revenue. . . . .  | 733,183.                 | <b>19</b>    | 123,856.                |
|  | <b>20</b> Tax-exempt bond liabilities. . . . .   | 40,303,636.              | <b>20</b>    | 33,916,331.             |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .   | 0.                       | <b>21</b>    | 0.                      |
|  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0.                       | <b>22</b>    | 0.                      |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>    | 0.                      |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .  | 497,506.                 | <b>24</b>    | 0.                      |
|  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 2,140,253.               | <b>25</b>    | 3,065,921.              |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .   | 62,691,016.              | <b>26</b>    | 54,934,341.             |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |              |                         |
|  | <b>27</b> Net assets without donor restrictions . . . . .  | 117,670,898.             | <b>27</b>    | 136,503,843.            |
|  | <b>28</b> Net assets with donor restrictions. . . . .  | 250,929.                 | <b>28</b>    | 251,755.                |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                         |
|  | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>    |                         |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .  |                          | <b>30</b>    |                         |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .  |                          | <b>31</b>    |                         |
|  | <b>32</b> <b>Total net assets or fund balances</b> . . . . .   | 117,921,827.             | <b>32</b>    | 136,755,598.            |
| <b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .            | 180,612,843.   | <b>33</b>                | 191,689,939. |                         |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 113,065,354. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 93,620,167.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 19,445,187.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 117,921,827. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 157,765.     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.           |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.           |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -769,181.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 136,755,598. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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 on Schedule O.
- 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? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> | X   |    |
| <b>3b</b> | X   |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | 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**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 41,112,635. | 38,151,189. | 48,005,539. | 35,482,240. | 41,529,172. | 204,280,775. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |             |             |             |             |             | 0.           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |             |             |             |             |             | 0.           |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 41,112,635. | 38,151,189. | 48,005,539. | 35,482,240. | 41,529,172. | 204,280,775. |
| <b>5</b> 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). . . . . |             |             |             |             |             | 115,043,818. |
| <b>6 Public support.</b> Subtract line 5 from line 4  |             |             |             |             |             | 89,236,957.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015    | (b) 2016    | (c) 2017    | (d) 2018    | (e) 2019    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>7</b> Amounts from line 4. . . . .   | 41,112,635. | 38,151,189. | 48,005,539. | 35,482,240. | 41,529,172. | 204,280,775. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 310,276.    | 319,281.    | 325,981.    | 520,458.    | 784,536.    | 2,260,532.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |             |             |             |             |             | 0.           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .  | 339,006.    | 354,111.    | 290,023.    | 279,585.    | 49,488.     | 1,312,213.   |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |             |             |             |             |             | 207,853,520. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |             |             |             |             | <b>12</b>   | 519,674,241. |
| <b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |             |             |             |             |             |              |

**Section C. Computation of Public Support Percentage**

|  |           |        |
|--|-----------|--------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .  | <b>14</b> | 42.93% |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 45.82% |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>   |           |        |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |           |        |
| <b>17a 10%-facts-and-circumstances test - 2019.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>     |           |        |
| <b>b 10%-facts-and-circumstances test - 2018.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |           |        |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |           |        |

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

(Complete only if you checked the box on line 10 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**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** . . . . .

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes         | No |
|-----------|---|-------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |             |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11 a</b> |    |
| <b>b</b>  | A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | <b>1</b> |    |
| <b>2</b> | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|          |  |           |     |    |
|----------|--|-----------|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |           | Yes | No |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | <b>2a</b> |     |    |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | <b>2b</b> |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C - Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014 . . . . .   |                             |  |   |
| <b>b</b> From 2015 . . . . .   |                             |  |   |
| <b>c</b> From 2016 . . . . .   |                             |  |   |
| <b>d</b> From 2017 . . . . .   |                             |  |   |
| <b>e</b> From 2018 . . . . .   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7:                     \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015 . . . . .  |                             |  |   |
| <b>b</b> Excess from 2016 . . . . .  |                             |  |   |
| <b>c</b> Excess from 2017 . . . . .  |                             |  |   |
| <b>d</b> Excess from 2018 . . . . .  |                             |  |   |
| <b>e</b> Excess from 2019 . . . . .  |                             |  |   |

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION            | 2015            | 2016            | 2017            | 2018            | 2019           | TOTAL             |
|------------------------|-----------------|-----------------|-----------------|-----------------|----------------|-------------------|
| FUNDRAISING ACTIVITIES | 334,015.        | 349,476.        | 285,752.        | 274,142.        | 48,243.        | 1,291,628.        |
| GAMING ACTIVITIES      | 4,991.          | 4,635.          | 4,271.          | 5,443.          | 1,245.         | 20,585.           |
| <b>TOTALS</b>          | <u>339,006.</u> | <u>354,111.</u> | <u>290,023.</u> | <u>279,585.</u> | <u>49,488.</u> | <u>1,312,213.</u> |

# Schedule of Contributors

**2019**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

|  |  |
|--|--|
| Name of the organization<br>GOODWILL INDUSTRIES OF SOUTHEASTERN<br>WISCONSIN, INC. | Employer identification number<br>39-0808491 |
|--|--|

**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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization <b>GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.</b> | Employer identification number<br><b>39-0808491</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |        |                                     |         |                          |         |                          |
|------------|-------------------------------------|----------------------------|--|--------|-------------------------------------|---------|--------------------------|---------|--------------------------|
| 1          | N/A<br><hr/> <hr/> <hr/>            | \$ 1,253,056.              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| 2          | N/A<br><hr/> <hr/> <hr/>            | \$ 2,364,168.              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| 3          | N/A<br><hr/> <hr/> <hr/>            | \$ 28,059,123.             | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| 4          | N/A<br><hr/> <hr/> <hr/>            | \$ 1,242,903.              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| 5          | N/A<br><hr/> <hr/> <hr/>            | \$ 1,880,941.              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| 6          | N/A<br><hr/> <hr/> <hr/>            | \$ 1,652,458.              | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p> | Person | <input checked="" type="checkbox"/> | Payroll | <input type="checkbox"/> | Noncash | <input type="checkbox"/> |
| Person     | <input checked="" type="checkbox"/> |                            |  |        |                                     |         |                          |         |                          |
| Payroll    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |
| Noncash    | <input type="checkbox"/>            |                            |  |        |                                     |         |                          |         |                          |

Name of organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

Employer identification number  
**39-0808491**

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | N/A                               | \$ 1,659,833.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

**Employer identification number**  
39-0808491

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |
| _____               | _____<br>_____<br>_____                   | \$ _____                                  | _____             |

Name of organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.

Employer identification number 39-0808491

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement with Yes/No checkboxes.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets held for public exhibition, education, or research.

**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 make 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 program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b** Permanent endowment ▶ \_\_\_\_\_ %
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 30,443,631.                     |                              | 30,443,631.    |
| <b>b</b> Buildings . . . . .   |                                      | 129,566,032.                    | 67,067,394.                  | 62,498,638.    |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 26,702,813.                     | 22,908,736.                  | 3,794,077.     |
| <b>e</b> Other . . . . .   |                                      | 7,088,059.                      | 3,482,800.                   | 3,605,259.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . |                                      |                                 |                              | 100,341,605.   |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)       | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) DUE FROM GW MANUFACTURING   | 23,431,969.    |
| (2) 457(B) PLAN   | 907,726.       |
| (3) DUE FROM GW RETAIL SERVICES   | 715,688.       |
| (4) DUE FROM GW METRO CHICAGO   | 622,982.       |
| (5) ROU ASSETS  | 575,143.       |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ | 26,253,508.    |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ACCRUED SWAP INTEREST   | 1,553,827.     |
| (3) 457(B) PLAN LIABILITY   | 907,726.       |
| (4) OBLIG. UNDER LEASE LIABILITIES  | 581,958.       |
| (5) VEHICLES REFUNDABLE ADVANCE   | 22,410.        |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ | 3,065,921.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XIII** Supplemental Information (continued)

LIABILITY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

PART X

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC., GOODWILL RETAIL SERVICES, INC. AND GOODWILL MANUFACTURING, INC. HAVE RECEIVED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE (IRS) INDICATING THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

GOODWILL TALENTBRIDGE, LLC HAS BEEN ORGANIZED AS A LIMITED LIABILITY COMPANY AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. ALL INCOME TAX ATTRIBUTES OF THE ENTITY ARE PASSED THROUGH TO ITS SOLE MEMBER, GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. THE ENTITY IS INCLUDED IN THE CONSOLIDATED INFORMATION RETURN FILED BY GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.

THE FASB ISSUED GUIDANCE RELATED TO THE UNCERTAINTY OF INCOME TAX POSITIONS, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND REQUIRES ADDITIONAL DISCLOSURE. GOODWILL RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE-LIKELY-THAN-NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. AS OF DECEMBER 31, 2019, GOODWILL DOES NOT BELIEVE THERE IS ANY UNCERTAINTY WITH RESPECT TO ITS

**Part XIII** Supplemental Information (continued)

TAX POSITIONS.

GOODWILL FILES INFORMATION RETURNS IN THE U.S. FEDERAL AND THE STATES OF WISCONSIN AND ILLINOIS JURISDICTIONS. TAX YEARS OPEN UNDER THE FEDERAL STATUTE OF LIMITATIONS INCLUDE 2016 THROUGH 2019. TAX YEARS OPEN UNDER THE STATE OF WISCONSIN AND STATE OF ILLINOIS STATUTES INCLUDE 2015 THROUGH 2019. GOODWILL HAD NOT HISTORICALLY FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS BUT FILED IN 2018 FOR FEDERAL AND THE STATES OF WISCONSIN AND ILLINOIS JURISDICTIONS. DUE TO TAX REFORM LEGISLATION, THESE INCOME TAX RETURNS WILL BE AMENDED AND THE ORGANIZATION DOES NOT PLAN TO FILE FOR 2019, EXCEPT IN WISCONSIN. TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED.

ON DECEMBER 22, 2017, TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT OF 2017 (THE ACT) WAS PASSED; RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING TAX LAW. FURTHERMORE, ON DECEMBER 20, 2019, TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT WAS PASSED; RESULTING IN MODIFICATIONS TO EXISTING TAX LAW, PARTICULARLY REPEALING THE TAXATION OF TRANSPORTATION FRINGE BENEFITS ON EXEMPT EMPLOYERS. WHILE THERE WERE NO MATERIAL EFFECTS ON GOODWILL'S FINANCIAL STATEMENTS AS A RESULT OF THE ACTS, MANAGEMENT CONTINUES TO EVALUATE THE IMPACT.



**Part XIII** Supplemental Information (continued)

## RECONCILIATION OF REVENUE

PART XI, LINE 2D

|                                     |            |
|-------------------------------------|------------|
| RENTAL EXPENSES                     | 67,830     |
| TENANT PAYMENT OF REAL ESTATE TAXES | 16,383     |
| FUNDRAISING EVENT EXPENSES          | 324,304    |
| GAMING EXPENSES                     | 1,292      |
| COST OF GOODS SOLD                  | 35,610,903 |
| INTERCOMPANY CONTRACTED SERVICES    | 3,765      |
| INTERCOMPANY TEMPORARY HELP         | 314,718    |
|                                     | -----      |
| TOTAL                               | 36,339,195 |

## RECONCILIATION OF EXPENSES

PART XII, LINE 2D

|                                     |            |
|-------------------------------------|------------|
| RENTAL EXPENSES                     | 67,830     |
| TENANT PAYMENT OF REAL ESTATE TAXES | 16,383     |
| FUNDRAISING EVENT EXPENSES          | 324,304    |
| GAMING EXPENSES                     | 1,292      |
| COST OF GOODS SOLD                  | 35,610,903 |
| INTERCOMPANY CONTRACTED SERVICES    | 3,765      |
| INTERCOMPANY TEMPORARY HELP         | 314,718    |
| UNREALIZED SWAP INTEREST            | 769,181    |
|                                     | -----      |
| TOTAL                               | 37,108,376 |



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|--------------|--------------|------------------|---------------------------------|
|  |   | RETRO EVENT  |              |                  | (add col. (a) through col. (c)) |
|  |   | (event type) | (event type) | (total number)   |                                 |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 279,312.     |              |                  | 279,312.                        |
|  | <b>2</b> Less: Contributions . . . . .  | 231,069.     |              |                  | 231,069.                        |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 48,243.      |              |                  | 48,243.                         |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |              |              |                  |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |              |              |                  |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  |              |              |                  |                                 |
|  | <b>7</b> Food and beverages . . . . .   | 53,177.      |              |                  | 53,177.                         |
|  | <b>8</b> Entertainment . . . . .  | 74,000.      |              |                  | 74,000.                         |
|  | <b>9</b> Other direct expenses . . . . .  | 197,127.     |              |                  | 197,127.                        |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |              |                  | 324,304.                        |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |              |              | -276,061.        |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
|                 |   |   |   |   |  |
| Revenue         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GOODWILL INDUSTRIES OF METRO CHICAGO, INC.<br>5400 SOUTH 60TH STREET GREENDALE, WI 53129 | 36-4455490 | 501(C)(3)                       | 605,699.                 |                                   |   |                                       | GRANT - SEE FORM 990               |
| (2)  |            |                                 |                          |                                   |   |                                       |                                    |
| (3)  |            |                                 |                          |                                   |   |                                       |                                    |
| (4)  |            |                                 |                          |                                   |   |                                       |                                    |
| (5)  |            |                                 |                          |                                   |   |                                       |                                    |
| (6)  |            |                                 |                          |                                   |   |                                       |                                    |
| (7)  |            |                                 |                          |                                   |   |                                       |                                    |
| (8)  |            |                                 |                          |                                   |   |                                       |                                    |
| (9)  |            |                                 |                          |                                   |   |                                       |                                    |
| (10)   |            |                                 |                          |                                   |   |                                       |                                    |
| (11)   |            |                                 |                          |                                   |   |                                       |                                    |
| (12)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 MERCHANDISE VOUCHERS              | 14,771.                  |                          | 369,269.                          | FMV   | MERCHANDISE VOUCHER                    |
| 2 CLOTHING FOR JOB INTERVIEWS       | 7.                       |                          | 434.                              | FMV   | CLOTHING                               |
| 3 TRANSPORTATION FOR JOB INTERVIEWS | 6.                       |                          | 555.                              | FMV   | TRANSPORTATION                         |
| 4 STIPENDS FOR PROGRAM ACHIEVEMENTS | 30.                      | 46,195.                  |                                   |   |  |
| 5 PARTICIPANT INCENTIVES            | 2.                       |                          | 1,057.                            | FMV   | MISCELLANEOUS                          |
| 6 JOB SEEKING MATERIALS             | 22.                      |                          | 3,340.                            | FMV   | MISCELLANEOUS                          |
| 7                                   |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MONITORING PROCEDURES

PART I, LINE 2

GOODWILL PROVIDES ASSISTANCE TO INDIVIDUALS AND FAMILIES EXPERIENCING

HARDSHIP EITHER DIRECTLY OR THROUGH OTHER SOCIAL SERVICE AGENCIES.

GOODWILL AND AGENCY REPRESENTATIVES DISTRIBUTE MERCHANDISE VOUCHERS THAT

MAY BE REDEEMED FOR CLOTHING, HOUSEHOLD ITEMS, TRANSPORTATION, MEALS, AND

JOB-SEEKING SUPPORT FROM GOODWILL STORES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> | X   |    |
| <b>5b</b> | X   |    |
| <b>6a</b> | X   |    |
| <b>6b</b> | X   |    |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2019

**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 on 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 aren't listed on Form 990, Part VII.

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

| (A) Name and Title |  | (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 in column (B) reported as deferred on prior Form 990 |    |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|----|
|                    |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |    |
| 1                  | JACQUELINE L. HALLBERG<br>PRESIDENT & CEO              | (i)  | 486,708.                            | 151,344.                            | 11,243.  | 21,650.                 | 17,107.                         | 688,052.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 2                  | TAMARA T. JUNG<br>CFO/ASST TREASURER - THRU 8/19       | (i)  | 257,991.                            | 67,400.                             | 868.   | 23,998.                 | 4,625.                          | 354,882.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 3                  | STEVEN J. LOOS<br>CAO/ASST. SECRETARY-AS OF 2/19       | (i)  | 238,669.                            | 49,432.                             | 1,374.   | 21,650.                 | 18,502.                         | 329,627.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 4                  | BILLIE TORRENTT<br>CHIEF OPERATING OFFICER             | (i)  | 96,482.                             | 18,297.                             | 6,307.   | 7,078.                  | 5,656.                          | 133,820.  |    |
|                    |  | (ii)   | 198,639.                            | 37,669.                             | 12,985.  | 14,572.                 | 11,646.                         | 275,511.  |    |
| 5                  | DANIEL S. DEPIES<br>SVP MISSION-THRU 7/19; CMO         | (i)  | 177,368.                            | 32,525.                             | 773.   | 16,530.                 | 16,640.                         | 243,836.  |    |
|                    |  | (ii)   | 19,707.                             | 3,614.                              | 86.  | 1,837.                  | 1,849.                          | 27,093.   |    |
| 6                  | MICHAEL MATUS<br>VICE PRESIDENT - THRU 9/19            | (i)  | 157,365.                            | 43,129.                             | 84,603.  | 15,487.                 | 9,412.                          | 309,996.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 7                  | PATRICIA A. BOELTER-MUN<br>VP, CHIEF MARKETING OFFICER | (i)  | 207,680.                            | 47,314.                             | 20,648.  | 21,225.                 | 6,762.                          | 303,629.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 8                  | CHRISTINE E. BROOKS<br>VICE PRESIDENT                  | (i)  | 204,839.                            | 44,465.                             | 270.   | 19,901.                 | 18,378.                         | 287,853.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 9                  | KENT A. WALTERS<br>SENIOR VP - OPERATIONS              | (i)  | 200,454.                            | 40,184.                             | 414.   | 18,857.                 | 18,502.                         | 278,411.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 10                 | LISA HEIDER<br>VICE PRESIDENT - FINANCE                | (i)  | 177,163.                            | 39,311.                             | 372.   | 17,131.                 | 18,472.                         | 252,449.  |    |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   |                         |                                 |   |    |
| 11                 | CHARLES J. STADLER<br>FORMER CHIEF OPERATING OFFICER   | (i)  | 0.                                  | 0.                                  | 108,056.                                       | 0.                      | 0.                              | 108,056.  | 0. |
|                    |  | (ii)   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  | 0. |
| 12                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 13                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 14                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 15                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |
| 16                 |  | (i)  |                                     |                                     |  |                         |                                 |   |    |
|                    |  | (ii)   |                                     |                                     |  |                         |                                 |   |    |

**Part III Supplemental Information**

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

## HEALTH AND SOCIAL CLUB DUES

PART I, LINE 1A

THE SOCIAL CLUB DUES REFERENCED IN PART I, LINE 1A ARE USED FOR BUSINESS PURPOSES. ANY PERSONAL USE EXPENSES ARE REIMBURSED TO GOODWILL.

## SEVERANCE PAYMENT

PART I, LINE 4A

THREE INDIVIDUALS LEFT THE ORGANIZATION AND RECEIVED A SEVERANCE PAYMENT IN 2019. DUE TO CONFIDENTIALITY AGREEMENTS, NEITHER THE NAMES NOR THE AMOUNTS WILL BE LISTED. THEY ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

## LEADERSHIP INCENTIVE PLAN

PART I, LINES 5A - B AND 6A - B

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., AND AFFILIATES ("GOODWILL") PROVIDES AN INCENTIVE PLAN FOR CERTAIN MANAGEMENT PERSONNEL. THE PURPOSE OF GOODWILL'S LEADERSHIP INCENTIVE PLAN ("PLAN") IS TO MOTIVATE EXECUTIVES TO ACHIEVE MISSION-RELATED OBJECTIVES AND TO PRODUCE MEASURABLE FINANCIAL RESULTS, WHICH WILL ENHANCE GOODWILL'S LONG-TERM



**Part III Supplemental Information**

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

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VALUE TO THE COMMUNITIES SERVED AND WILL PROMOTE THE FINANCIAL SECURITY  
AND STABILITY OF THE ORGANIZATION. THE PLAN INCLUDES FINANCIAL  
PERFORMANCE GOALS BASED ON REVENUE AND NET INCOME. THE PLAN IS  
ADMINISTERED BY GOODWILL'S PRESIDENT WITH REVIEW AND APPROVAL BY THE  
HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**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) Pooled financing |    |
|--|----------------|-------------|-----------------|-----------------|-----------------------------------|--------------|----|-------------------------|----|----------------------|----|
|  |                |             |                 |                 |                                   | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> WISCONSIN HEALTH AND EDUCATIONAL FACILITIES | 39-1337855     |             | 12/20/2012      | 13,500,000.     | LAND AND BUILDING EXPANSION       |              | X  |                         | X  |                      | X  |
| <b>B</b> WISCONSIN HEALTH AND EDUCATIONAL FACILITIES | 39-1337855     |             | 11/25/2014      | 10,000,000.     | LAND AND BUILDING EXPANSION 2014A |              | X  |                         | X  |                      | X  |
| <b>C</b> WISCONSIN HEALTH AND EDUCATIONAL FACILITIES | 39-1337855     |             | 11/25/2014      | 2,500,000.      | LAND AND BUILDING EXPANSION 2014B |              | X  |                         | X  |                      | X  |
| <b>D</b> WISCONSIN HEALTH AND EDUCATIONAL FACILITIES | 39-1337855     |             | 11/01/2018      | 15,217,000.     | LAND AND BUILDING EXPANSION 2014C |              | X  |                         | X  |                      | X  |

**Part II Proceeds**

|  | <b>A</b>    |           | <b>B</b>    |           | <b>C</b>   |           | <b>D</b>    |           |
|--|-------------|-----------|-------------|-----------|------------|-----------|-------------|-----------|
| <b>1</b> Amount of bonds retired . . . . .   | 2,875,000.  |           | 2,848,000.  |           | 712,000.   |           | 642,000.    |           |
| <b>2</b> Amount of bonds legally defeased . . . . .  |             |           |             |           |            |           |             |           |
| <b>3</b> Total proceeds of issue . . . . .   | 13,500,000. |           | 10,000,000. |           | 2,500,000. |           | 15,217,000. |           |
| <b>4</b> Gross proceeds in reserve funds . . . . .   |             |           |             |           |            |           |             |           |
| <b>5</b> Capitalized interest from proceeds . . . . .  |             |           |             |           |            |           |             |           |
| <b>6</b> Proceeds in refunding escrows . . . . .   |             |           |             |           |            |           |             |           |
| <b>7</b> Issuance costs from proceeds . . . . .  | 106,000.    |           |             |           |            |           |             |           |
| <b>8</b> Credit enhancement from proceeds . . . . .  |             |           |             |           |            |           |             |           |
| <b>9</b> Working capital expenditures from proceeds . . . . .  |             |           |             |           |            |           |             |           |
| <b>10</b> Capital expenditures from proceeds . . . . .   | 9,489,000.  |           |             |           |            |           |             |           |
| <b>11</b> Other spent proceeds . . . . .   | 3,905,000.  |           | 10,000,000. |           | 2,500,000. |           | 15,217,000. |           |
| <b>12</b> Other unspent proceeds . . . . .   |             |           |             |           |            |           |             |           |
| <b>13</b> Year of substantial completion . . . . .   | 2012        |           | 2014        |           | 2014       |           | 2018        |           |
|  | <b>Yes</b>  | <b>No</b> | <b>Yes</b>  | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b>  | <b>No</b> |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . . | X           |           | X           |           | X          |           | X           |           |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .   |             | X         |             | X         |            | X         |             | X         |
| <b>16</b> Has the final allocation of proceeds been made? . . . . .  | X           |           | X           |           | X          |           | X           |           |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .                           | X           |           | X           |           | X          |           | X           |           |

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

Schedule K (Form 990) 2019

**Part III Private Business Use** LAND AND BUILDING EXPANSION

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .   |     | X  |     | X  |     | X  |     | X  |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .  |     | X  |     | X  |     | X  |     | X  |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .   |     |    |     |    |     |    |     | X  |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     | X  |     | X  |     | X  |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .   |     |    |     |    |     |    |     |    |
| <b>4</b> 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 . . . . . ▶  |     | %  |     | %  |     | %  |     | %  |
| <b>5</b> 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 . . . . . ▶ |     | %  |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 . . . . .   |     | %  |     | %  |     | %  |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? . . . . .   |     | X  |     | X  |     | X  |     | X  |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .  |     | %  |     | %  |     | %  |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .  |     |    |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .                             | X   |    | X   |    | X   |    | X   |    |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . . |     | X  |     | X  |     | X  |     | X  |
| <b>2</b> If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? . . . . .  |     |    |     |    |     |    |     |    |
| <b>b</b> Exception to rebate? . . . . .   | X   |    | X   |    | X   |    | X   |    |
| <b>c</b> No rebate due? . . . . .   |     |    |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? . . . . .   | X   |    | X   |    | X   |    | X   |    |



**Part VI** Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

## DESCRIPTION OF PURPOSE

## PART I, COLUMN F

DURING 2012, THE FILING ORGANIZATION ISSUED A NEW BOND TO PARTIALLY REFUND A 2002 BOND. DURING 2014, THE ORGANIZATION ISSUED THREE NEW BONDS TO REFUND 2005 AND 2009 BONDS. THE FUNDS PRODUCED BY THESE ISSUED BONDS WERE USED TO FINANCE LAND AND BUILDING EXPANSION. DURING 2018, THE FILING ORGANIZATION TERMINATED THEIR SWAPS RELATED TO THE 2012 BONDS AND REISSUED ONE NEW SWAP. ON NOVEMBER 1, 2018, AS A RESULT OF CERTAIN TERMS OF THE BOND, GROSS PROCEEDS OF THE 2014C BONDS WERE DEPOSITED AND REISSUED PURSUANT TO TREASURY REGULATIONS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

Employer identification number  
**39-0808491**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---|--------------------------------|----------------|----|
|     |                                 |   |                                | Yes            | No |
| (1) |                                 |   |                                |                |    |
| (2) |                                 |   |                                |                |    |
| (3) |                                 |   |                                |                |    |
| (4) |                                 |   |                                |                |    |
| (5) |                                 |   |                                |                |    |
| (6) |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| 1                      | (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|------------------------|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                        |                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                        |                               |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                    |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                   |                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> . . . . . |                               |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

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

| 1    | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|------|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1)  |                               |   |                          |                        |                           |
| (2)  |                               |   |                          |                        |                           |
| (3)  |                               |   |                          |                        |                           |
| (4)  |                               |   |                          |                        |                           |
| (5)  |                               |   |                          |                        |                           |
| (6)  |                               |   |                          |                        |                           |
| (7)  |                               |   |                          |                        |                           |
| (8)  |                               |   |                          |                        |                           |
| (9)  |                               |   |                          |                        |                           |
| (10) |                               |   |                          |                        |                           |

**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) ELIZABETH MCNALLY         | FAMILY OF DIRECTOR  | 238,091.                  | ENTITY PAID WAGES              | X                                       |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV

THE ABOVE BUSINESS TRANSACTIONS INVOLVING AN INTERESTED PERSON IS PROVIDED TO GOODWILL AT OR BELOW FAIR VALUE AND ARE IN THE NORMAL COURSE OF BUSINESS. ALL DECISIONS TO ENTER INTO THIS TRANSACTION WERE REVIEWED IN ACCORDANCE WITH OUR CONFLICT OF INTEREST POLICY AND THE INTERESTED PERSON WAS EXCLUDED FROM THE DECISION MAKING PROCESS.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization  
GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

SPECIFIC ASSISTANCE TO INDIVIDUALS

PART IV, LINE 22

SPECIFIC ASSISTANCE TO INDIVIDUALS: \$420,850

GOODWILL WORKS IN A JOINT EFFORT WITH SOCIAL SERVICE AGENCIES TO PROVIDE  
INDIVIDUALS AND FAMILIES IN NEED WITH CLOTHING, HOUSEHOLD ITEMS,  
TRANSPORTATION AND JOB-SEEKING MATERIALS.

FORM 990 REVIEW

PART VI, LINE 11A

MEMBERS OF THE AUDIT, RISK AND COMPLIANCE COMMITTEE OF THE BOARD OF  
DIRECTORS REVIEWED THE FORM AT ITS MAY 27, 2020 COMMITTEE MEETING. IN  
ADDITION, MEMBERS OF THE FULL BOARD WERE PROVIDED WITH AN ELECTRONIC COPY  
OF THE FORM ON MAY 27, 2020, PRIOR TO FILING OF THE FORM 990.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, LINE 12

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., AND AFFILIATES  
("GOODWILL") MAINTAINS A CONFLICT OF INTEREST POLICY ("POLICY"). THE  
PURPOSE OF THE POLICY IS TO PROTECT GOODWILL'S INTERESTS WHEN  
CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT  
BENEFIT THE FINANCIAL INTEREST OF AN INTERESTED PERSON SUCH AS AN  
OFFICER, DIRECTOR, OR KEY EMPLOYEE OF GOODWILL. AN INTERESTED PERSON MUST  
DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL  
FACTS RELATED TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER SUCH



|  |  |
|--|--|
| Name of the organization<br>GOODWILL INDUSTRIES OF SOUTHEASTERN<br>WISCONSIN, INC. | Employer identification number<br>39-0808491 |
|--|--|

DISCLOSURE, HE OR SHE SHALL RECUSE HIMSELF OR HERSELF DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPOSED TRANSACTION, WHETHER THE TRANSACTION REFLECTS FAIR MARKET VALUE, HAS NO BEARING ON THE RELATIONSHIP, AND IS IN THE BEST INTEREST OF THE ORGANIZATION.

#### COMPENSATION DETERMINATION

PART VI, LINE 15

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., AND AFFILIATES ("GOODWILL") COMPENSATION PACKAGE INCLUDES A SALARY, DEFINED CONTRIBUTION PLAN AND HEALTH AND WELFARE BENEFITS. GOODWILL ENGAGED AN INDEPENDENT FIRM TO ASSESS REASONABLENESS OF ITS COMPENSATION PACKAGE FOR TOP MANAGEMENT POSITIONS. THE FIRM ASSESSED COMPENSATION USING SURVEY DATA REPRESENTING SIMILAR POSITIONS BASED ON INDUSTRY, REVENUE, NUMBER OF EMPLOYEES AND OTHER PEER GROUP DATA. THE REPORT WAS REVIEWED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF DIRECTORS AND COMPENSATION FOR GOODWILL'S TOP MANAGEMENT POSITIONS WAS APPROVED BY A COMMITTEE VOTE.

#### PUBLIC AVAILABILITY

PART VI, LINES 18 AND 19

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. AND AFFILIATES ("GOODWILL") POSTS ITS GOVERNING DOCUMENTS, ANNUAL REPORTS, FINANCIAL STATEMENTS, AND FORMS 990 TO ITS WEBSITE. GOODWILL ALSO MAKES THIS INFORMATION, AND OTHER REQUIRED DISCLOSURES, AVAILABLE UPON REQUEST.

|  |  |
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| Name of the organization<br>GOODWILL INDUSTRIES OF SOUTHEASTERN<br>WISCONSIN, INC. | Employer identification number<br>39-0808491 |
|--|--|

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 9

UNREALIZED SWAP INTEREST (\$769,181)

ATTACHMENT 1

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

THE MISSION OF GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. ("GOODWILL") IS TO PROVIDE TRAINING, EMPLOYMENT, AND SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES WHO SEEK GREATER INDEPENDENCE. SUCH DISABILITIES OR DISADVANTAGES INCLUDE PHYSICAL OR INTELLECTUAL DISABILITIES, MENTAL HEALTH ISSUES, SKILL LIMITATIONS, CRIMINAL BACKGROUND, LACK OF EDUCATION AND JOB PREPARATION, COMMUNICATION CHALLENGES, AND OTHER SOCIO-ECONOMIC DISADVANTAGES. GOODWILL PURSUES ITS MISSION IN TWO WAYS. THE FIRST IS BY EMPLOYING PEOPLE WITH DISABILITIES AND DISADVANTAGES WITHIN THE ORGANIZATION'S OWN OPERATIONS IN SOUTHEASTERN WISCONSIN AND NORTHERN ILLINOIS. THE SECOND IS BY PROVIDING SOCIAL SERVICES, COMMUNITY PROGRAMS, VOCATIONAL TRAINING, TRANSITIONAL EMPLOYMENT, EMPLOYMENT SERVICES, AND SUPPORTIVE SERVICES FOR INDIVIDUALS WHO HAVE DISABILITIES OR ARE DISADVANTAGED OR HAVE OTHER SPECIAL NEEDS, IN ORDER TO ENHANCE THEIR EMPLOYMENT OPPORTUNITIES, PREVENT OR ALLEVIATE REHABILITATION PROBLEMS, AND FACILITATE THEIR ABILITY TO LIVE INDEPENDENTLY IN THE COMMUNITY.

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. WAS FORMED IN 1919 AND IS A WISCONSIN NONSTOCK, NOT-FOR-PROFIT CORPORATION WITH

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

ATTACHMENT 1 (CONT'D)

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

501(C)(3) STATUS. IT IS THE SOLE CORPORATE MEMBER OF FOUR OTHER NOT-FOR-PROFIT ENTITIES: GOODWILL RETAIL SERVICES, INC.; GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC.; GOODWILL MANUFACTURING, INC.; AND GOODWILL TALENTBRIDGE, LLC. EACH OF THE CORPORATIONS FILES A SEPARATE FORM 990; THE LIMITED LIABILITY COMPANY REPORTS ITS INCOME AND EXPENSES ON GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.'S FORM 990. GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN AND ITS AFFILIATED CORPORATIONS COMPOSE ONE OF THE LARGEST OF 160 INDEPENDENT GOODWILL ORGANIZATIONS IN NORTH AMERICA. THE COMBINED SOUTHEASTERN WISCONSIN GOODWILL ENTITIES OFFER PROGRAMS AND SERVICES AT MORE THAN 90 LOCATIONS AND SERVED ALMOST 43,000 PEOPLE IN 2019.

BEGINNING WITH ITS FIRST WORKSHOP IN A MILWAUKEE CHURCH BASEMENT, WHERE DONATIONS WERE SORTED AND PREPARED FOR SALE IN A SMALL STORE NEARBY, GOODWILL HAS OFFERED WHAT ITS FOUNDER DESCRIBED AS "A CHANCE, NOT CHARITY" TO PEOPLE WHO WERE LABELED UNEMPLOYABLE. TO FULFILL ITS PRIMARY PURPOSES OF EMPLOYMENT AND SELF-SUFFICIENCY FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES, GOODWILL TAKES AN ENTREPRENEURIAL APPROACH. OVER THE YEARS, GOODWILL HAS PURSUED A VARIETY OF ENTERPRISES TO HELP PREPARE INDIVIDUALS FOR EMPLOYMENT AND PLACE THEM IN JOBS BOTH IN THE COMMUNITY AND WITHIN GOODWILL'S OWN OPERATIONS. GOODWILL OPERATES STORES AND DONATION CENTERS; PROVIDES FOOD SERVICE SUPPORT AND OTHER SERVICE ACTIVITIES FOR THE UNITED STATES NAVY; PERFORMS COMMERCIAL LAUNDRY SERVICES, ELECTRONIC RECYCLING AND SECURE DOCUMENT DESTRUCTION; AND DELIVERS A WIDE VARIETY OF SOCIAL SERVICES, INCLUDING VOCATIONAL TRAINING, EMPLOYMENT SERVICES, WORK PROGRAMS FOR

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

ATTACHMENT 1 (CONT'D)

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

INDIVIDUALS WITH DISABILITIES, AND ADULT DAY SERVICES.

THE INFORMATION THAT FOLLOWS APPLIES TO GOODWILL INDUSTRIES OF  
SOUTHEASTERN WISCONSIN, INC., THE PARENT CORPORATION, WHICH INCLUDES  
THE COMPANY'S GREAT LAKES AND MISSION SERVICES BUSINESS UNITS, AS  
WELL AS TALENTBRIDGE, LLC, AND A COMMERCIAL LAUNDRY.

IN 2019, GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., THE  
PARENT CORPORATION:

- EMPLOYED OVER 4,700 PEOPLE - OVER 800 WERE PEOPLE WITH  
DISABILITIES
- PROVIDED SERVICES TO ALMOST 36,000 PEOPLE
- PLACED PEOPLE INTO OVER 6,500 EMPLOYMENT OPPORTUNITIES
- SERVED OVER 9.0 MILLION MEALS TO UNITED STATES NAVY SAILORS AND  
RECRUITS
- DELIVERED OVER 361,000 MEALS TO SENIOR CITIZENS
- SUPPLIED FAMILIES IN NEED WITH ALMOST \$380,000 IN VOUCHERS (ALMOST  
12,000 TRANSACTIONS) FOR USEFUL MERCHANDISE FROM GOODWILL STORES
- MAINTAINED COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES  
(CARF) CERTIFICATION, HEALTH CARE LAUNDRY ACCREDITATION COUNCIL  
(HLAC) ACCREDITATIONS AND NATIONAL ASSOCIATION FOR INFORMATION  
DESTRUCTION (NAID) CERTIFICATION

ATTACHMENT 2

|  |  |
|--|--|
| Name of the organization<br>GOODWILL INDUSTRIES OF SOUTHEASTERN<br>WISCONSIN, INC. | Employer identification number<br>39-0808491 |
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ATTACHMENT 2 (CONT'D)

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GOODWILL GREAT LAKES

GOODWILL PROVIDES FOOD SERVICE, ADMINISTRATIVE SERVICES, AND LOGISTICS SUPPORT TO THE UNITED STATES NAVY AT NAVAL STATION GREAT LAKES IN ILLINOIS. THIS PROGRAM PROVIDES WORK OPPORTUNITIES AND SKILL DEVELOPMENT FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES THROUGH THE ABILITYONE PROGRAM. COMPETITIVE WAGES AND BENEFITS, TRAINING, AND AN OPPORTUNITY FOR CAREER ADVANCEMENT ARE OFFERED TO THIS DIVERSE WORKFORCE, WHICH INCLUDES INDIVIDUALS WITH VISUAL IMPAIRMENT, HEARING IMPAIRMENT, DEVELOPMENTAL DISABILITIES, LEARNING DISABILITIES, PHYSICAL DISABILITIES, OR MENTAL ILLNESS. IN 2019, GOODWILL GREAT LAKES SERVED ALMOST 9.0 MILLION MEALS TO U.S. NAVY SAILORS AND RECRUITS. AT THE END OF 2019, GOODWILL GREAT LAKES EMPLOYED MORE THAN 700 PEOPLE, OVER 500 OF WHOM WERE PEOPLE WITH SIGNIFICANT DISABILITIES. DURING THE COURSE OF 2019, GOODWILL GREAT LAKES SERVED OVER 700 INDIVIDUALS WITH DISABILITIES.

PARTICIPANTS ARE NOT READY FOR COMPETITIVE EMPLOYMENT WHEN THEY ENROLL IN THE ABILITYONE PROGRAM. AT GREAT LAKES, GOODWILL OFFERS A SUPPORTIVE ENVIRONMENT FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES WHO MAY OTHERWISE BE DENIED THE OPPORTUNITY TO WORK. THROUGH THE ABILITYONE PROGRAM, PEOPLE WHO MAY HAVE BEEN DEPENDENT UPON PUBLIC ASSISTANCE MOVE TOWARD FINANCIAL INDEPENDENCE. GOODWILL PROVIDES SUPPORT TO THIS WORKFORCE THROUGH ACCOMMODATIONS AND TRAINING.

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.**

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ATTACHMENT 2 (CONT'D)

GOODWILL'S EXPERIENCE IN REHABILITATION ENABLES THE ORGANIZATION TO PROVIDE APPROPRIATE ACCOMMODATIONS TO ENSURE THAT INDIVIDUALS WITH SIGNIFICANT DISABILITIES ARE ABLE TO PERFORM THEIR ASSIGNED JOB FUNCTIONS. SOME EXAMPLES OF ACCOMMODATIONS ARE CHANGES IN WORK SCHEDULE OR JOB FUNCTION TO ACCOMMODATE DISABILITY-RELATED ISSUES, INTERPRETERS FOR THE HEARING IMPAIRED, AND MOBILITY TRAINING FOR PEOPLE WITH VISUAL IMPAIRMENT OR PHYSICAL DISABILITIES. DURING 2019, GOODWILL GREAT LAKES WORKED IN COLLABORATION WITH MORE THAN 20 COMMUNITY REHABILITATION AND REFERRAL AGENCIES.

GOODWILL ALSO SUPPORTS ITS WORKFORCE WITH TRAINING THAT PROVIDES A WAY FOR EMPLOYEES TO INCREASE THEIR KNOWLEDGE, ADVANCE WITHIN GOODWILL, OR MOVE INTO COMPETITIVE POSITIONS OUTSIDE THE COMPANY. THIS SUPPORT TAKES THE FORM OF WORKSHOPS, ON-THE-JOB TECHNICAL TRAINING, ONE-ON-ONE COUNSELING/COACHING SESSIONS, CAREER DEVELOPMENT AND PLACEMENT ACTIVITIES, AND REFERRAL TO COMMUNITY RESOURCES. TRAINING TOPICS INCLUDE JOB RETENTION SKILLS AND LIFE SKILLS, SUCH AS EMPLOYER EXPECTATIONS, CUSTOMER SERVICE, ATTENDANCE, APPEARANCE, HYGIENE, COMMUNICATION, ATTITUDE, TEAMWORK, TIME/ANGER/STRESS MANAGEMENT, FINANCIAL MANAGEMENT, AND SELF-EMPOWERMENT.

IN ADDITION TO INTERNAL TRAINING PROGRAMS, GOODWILL OFFERS TUITION REIMBURSEMENT FOR COURSES TAKEN THROUGH LOCAL EDUCATIONAL INSTITUTIONS, AND CAREER ADVANCEMENT SERVICES THAT ARE AVAILABLE

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

ATTACHMENT 2 (CONT'D)

TO OUR PARTICIPANTS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

MISSION SERVICES

GOODWILL'S MISSION SERVICES UNIT HELPS PROGRAM PARTICIPANTS  
PREPARE FOR SUCCESSFUL EMPLOYMENT AND ACHIEVE GREATER INDEPENDENCE  
BY DEVELOPING AND DELIVERING A BROAD RANGE OF SERVICES DESIGNED TO  
MEET THE NEEDS OF INDIVIDUALS WITH DISABILITIES OR DISADVANTAGES.  
GOODWILL'S MISSION SERVICES PROVIDES TRAINING, EMPLOYMENT,  
WORKFORCE DEVELOPMENT, AND SUPPORTIVE SERVICES IN SEVERAL  
COMMUNITIES IN SOUTHEASTERN WISCONSIN, INCLUDING MILWAUKEE,  
WAUKESHA, RACINE AND KENOSHA. DURING 2019, THE MISSION SERVICES  
PROGRAMS OF GOODWILL PROVIDED SERVICES TO ALMOST 32,000  
INDIVIDUALS AND PLACED PEOPLE INTO OVER 3,000 JOBS IN THE  
COMMUNITY.

EMPLOYMENT SERVICES

GOODWILL PROVIDES WORKFORCE DEVELOPMENT SERVICES TO INDIVIDUALS IN  
SOUTHEASTERN WISCONSIN. THESE SERVICES INCLUDE EMPLOYMENT,  
SUPPORTED EMPLOYMENT, EVALUATION SERVICES, JOB PLACEMENT,  
MENTORING, INTERNSHIPS, AND SKILLS TRAINING.

GOODWILL OPERATED FOUR WORKFORCE CONNECTION CENTERS AS WELL AS  
ACCESS POINTS AT A WOMEN'S SHELTER, HOMELESS SHELTER, AND PUBLIC

|  |  |
|--|--|
| Name of the organization<br>GOODWILL INDUSTRIES OF SOUTHEASTERN<br>WISCONSIN, INC. | Employer identification number<br>39-0808491 |
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ATTACHMENT 3 (CONT'D)

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LIBRARIES DURING 2019 IN SOUTHEASTERN WISCONSIN. THE CENTERS PROVIDE FREE JOB SEARCH AND SUPPORT SERVICES TO THE GENERAL PUBLIC, REGARDLESS OF INCOME OR OTHER QUALIFYING CRITERIA. THESE CENTERS WERE DEVELOPED TO HELP INDIVIDUALS WHO ARE UNEMPLOYED OR UNDEREMPLOYED FIND AND KEEP JOBS. WORKFORCE CONNECTION CENTER STAFF PROVIDE ASSISTANCE THROUGHOUT THE JOB SEARCH PROCESS, INCLUDING RESUME DEVELOPMENT, JOB APPLICATIONS, COMPUTER ACCESS, JOB-SEARCH STRATEGIES, AND ACCESS TO RESOURCES NEEDED TO SUSTAIN EMPLOYMENT. THE WORKFORCE CONNECTION CENTERS HOST SEVERAL EMPLOYER ON-SITE EVENTS EACH MONTH TO CONNECT JOB-SEEKERS WITH EMPLOYERS IN NEED OF WORKERS. GOODWILL ALSO COLLABORATES WITH OTHER LOCAL ORGANIZATIONS TO CONNECT CENTER CUSTOMERS TO ADDITIONAL RESOURCES, INCLUDING DRIVER'S LICENSE RECOVERY PROGRAMS, COUNSELING, BENEFITS ASSISTANCE, AND HELP WITH HOUSING AND OTHER CONCERNS. TOGETHER, THESE CENTERS PROVIDED SERVICES TO ALMOST 9,000 PEOPLE IN 2019. SIMILAR GOODWILL-OPERATED CENTERS IN RACINE AND KENOSHA SERVED OVER AN ADDITIONAL 900 PEOPLE.

GOODWILL HAS BEEN A PARTNER SINCE 1989 IN THE KENOSHA COUNTY JOB CENTER/HUMAN SERVICES BUILDING, ONE OF WISCONSIN'S FIRST URBAN JOB CENTERS, CONSIDERED "BEST PRACTICE" ON BOTH A NATIONAL AND INTERNATIONAL LEVEL. AT THE JOB CENTER, GOODWILL OFFERS EXTENSIVE EMPLOYMENT SERVICES THAT INCLUDE JOB SEEKING AND RETENTION, LIFE SKILLS SESSIONS, ONE-ON-ONE CONSULTATION, MENTORING AND FOLLOW-UP. MANY INDIVIDUALS RECENTLY RELEASED FROM THE KENOSHA COUNTY DETENTION CENTER ALSO VISIT THE JOB CENTER FOR ADDITIONAL



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ATTACHMENT 3 (CONT'D)

ASSISTANCE WITH RESUMES AND THE JOB SEARCH PROCESS. CASE  
MANAGEMENT SERVICES INCLUDE PROGRAM ORIENTATION, ASSESSMENT,  
DEVELOPMENT OF EMPLOYABILITY PLANS, EMPLOYMENT COUNSELING, JOB  
SEEKING SKILLS, GROUP AND INDIVIDUAL JOB SEARCH ACTIVITIES, AND  
REFERRALS TO COMMUNITY PARTNERS FOR AGENCY SERVICES AND ADULT  
EDUCATION.

TRAINING

GOODWILL'S WORKFORCE DEVELOPMENT TRAINING PROGRAMS FOCUS ON  
PROVIDING WORK AND LIFE SKILLS TRAINING AND SECTOR-SPECIFIC  
TRAINING TO HELP PARTICIPANTS FIND WORK OR START A CAREER.  
PARTICIPANTS IN THESE PROGRAMS RECEIVE PRACTICAL SKILLS TRAINING  
AS WELL AS INSTRUCTION IN EMPLOYER EXPECTATIONS, WORKPLACE  
BEHAVIOR, AND INTERPERSONAL SKILLS. JOB PLACEMENT AND RETENTION  
SERVICES ENSURE THAT GOODWILL GRADUATES ARE SUCCESSFULLY PLACED.  
JOB COACHES PROVIDE ON-SITE GUIDANCE TO NEWLY PLACED GOODWILL  
PROGRAM PARTICIPANTS TO ENSURE SUCCESSFUL INTEGRATION INTO THE  
WORKPLACE ENVIRONMENT.

OUR TRAINING SERVICES ARE CUSTOMIZED TO MEET SPECIFIC INDUSTRY OR  
EMPLOYER NEED. CULINARY TRAINING IS A COMPREHENSIVE, HANDS-ON  
PROGRAM IN WHICH STUDENTS PREPARE AND SERVE MEALS TO CUSTOMERS AT  
GOODWILL'S CAFÉ 1919 IN THE JAMES O. WRIGHT CENTER ON THE  
NORTHWEST SIDE OF MILWAUKEE. CUSTODIAL TRAINING PREPARES  
INDIVIDUALS FOR WORK IN ENVIRONMENTAL SERVICES. CUSTOMER SERVICE  
TRAINING PROGRAMS PREPARE INDIVIDUALS FOR CUSTOMER SERVICE

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

ATTACHMENT 3 (CONT'D)

POSITIONS ACROSS A VARIETY OF INDUSTRIES. OTHER TRAINING PROGRAMS INCLUDE JOB RE-ENTRY AND OUTREACH SERVICES TO INDIVIDUALS RECENTLY RELEASED OR CURRENTLY IN PRISON IN THE KENOSHA AREA.

WORKFORCE DEVELOPMENT SUPPORTS

IN 2019, GOODWILL PROVIDED WORKFORCE DEVELOPMENT SUPPORTS FOR NEARLY 4,000 INDIVIDUALS. THESE SUPPORTS INCLUDED BENEFITS COUNSELING, ANCILLARY VOCATIONAL SERVICES SUCH AS FINANCIAL LITERACY, AND OTHER WORK-RELATED SUPPORTS SUCH AS CHILD CARE CASE MANAGEMENT.

SUPPORTIVE SERVICES

GOODWILL PROVIDED SUPPORTIVE SERVICES IN 2019 TO OVER 16,000 ADULTS AND SENIORS THROUGH A VARIETY OF PROGRAMS.

GOODWILL'S DAY SERVICES SUPPORT ADULTS AND SENIORS WITH DEVELOPMENTAL DISABILITIES OR TRAUMATIC BRAIN INJURIES TO ENJOY MORE INDEPENDENT AND ACTIVE LIVES IN THE COMMUNITY AT FIVE LOCATIONS. GOODWILL ADULT CENTERS OFFER DAILY ACTIVITIES INCLUDING COMMUNITY OUTINGS, RECREATION AND SOCIALIZATION WITH OTHERS, VOLUNTEERING, ENHANCING LIFE SKILLS, AND PROMOTING SELF-ADVOCACY. PROGRAMS ALSO OFFER PEACE OF MIND AS WELL AS RESPITE FOR WORKING CARE GIVERS. DURING 2019, NEARLY 400 INDIVIDUALS WERE SERVED BY GOODWILL'S DAY SERVICE PROGRAMS.

GOODWILL'S COMMUNITY SERVICES HELP IMPROVE THE QUALITY OF LIFE FOR

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

**Employer identification number**  
**39-0808491**

ATTACHMENT 3 (CONT'D)

SENIORS AND THEIR FAMILIES. COMMUNITY SERVICES PROVIDES SUPPORT FOR PEOPLE WHO FIND IT DIFFICULT TO WORK OR CANNOT PARTICIPATE IN GOODWILL'S EMPLOYMENT PROGRAMS DUE TO INCREASING AGE OR POOR HEALTH. GOODWILL OFFERS PROGRAMS THAT ASSIST SENIORS IN MAINTAINING THEIR INDEPENDENCE, WITH THE GOAL OF DECREASING PREMATURE AND UNNECESSARY INSTITUTIONALIZATION. THESE PROGRAMS INCLUDE CASE MANAGEMENT, HOME DELIVERED MEALS, AND THE FOSTER GRANDPARENT PROGRAM.

DURING 2019, GOODWILL'S HOME DELIVERED MEALS SERVED MILWAUKEE COUNTY SENIOR CITIZENS WITH OVER 361,000 MEALS DELIVERED TO THEIR HOMES. THE FOSTER GRANDPARENT PROGRAM OFFERS OLDER ADULTS IN RACINE AND KENOSHA COUNTIES AN OPPORTUNITY TO PROVIDE ONE-ON-ONE AND SMALL GROUP TUTORING AND MENTORING TO ELEMENTARY SCHOOL CHILDREN WHO NEED ADDITIONAL SUPPORT AT SCHOOL.

GOODWILL'S TEAM AT THE KENOSHA COUNTY JOB CENTER/HUMAN SERVICES BUILDING PROVIDES A NUMBER OF ADDITIONAL SUPPORTIVE SERVICES. THESE SERVICES INCLUDE COORDINATING THE VOLUNTEER GUARDIANSHIP PROGRAM, COORDINATING REGIONAL EFFORTS FOR COMPREHENSIVE COMMUNITY SERVICES IN KENOSHA AND RACINE, AND A NUMBER OF COMMUNITY OUTREACH PROGRAMS. THROUGH THE ADULT PROTECTIVE SERVICES PROGRAM GOODWILL PROVIDES INTERVENTION FOR AT-RISK PHYSICALLY DISABLED AND ELDERLY PERSONS BY IDENTIFYING CASES OF PHYSICAL ABUSE, NEGLECT, FINANCIAL ABUSE OR SELF-NEGLECT. GOODWILL'S TEAM ALSO PROVIDES ADMINISTRATIVE SERVICES FOR THE DIVISION OF CHILDREN AND FAMILY

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.

Employer identification number  
39-0808491

ATTACHMENT 3 (CONT'D)

SERVICES AND CENTRAL SERVICES FOR THE DEPARTMENT OF HUMAN SERVICES. IN 2019, ALMOST 6,500 PEOPLE IN THE KENOSHA AREA RECEIVED ASSISTANCE FROM THE HOLIDAY HOUSE PROGRAM, WHICH PROVIDES WINTER COATS, TOYS, AND HOLIDAY FOOD BASKETS TO FAMILIES IN NEED.

GOODWILL TALENTBRIDGE, LLC

GOODWILL TALENTBRIDGE IS GOODWILL'S OWN RECRUITING AND STAFFING SERVICE. THOUSANDS OF PEOPLE COME TO GOODWILL EACH YEAR LOOKING FOR JOBS - THROUGH THE WORKFORCE CONNECTION CENTERS, TRADITIONAL EMPLOYMENT AND TRAINING PROGRAMS, THE HUMAN RESOURCES DEPARTMENT, TALENTBRIDGE, AND OTHER AVENUES. GOODWILL'S GOAL IS TO DEVELOP A SEAMLESS PROCESS TO ENABLE PEOPLE TO APPROACH GOODWILL FOR ASSISTANCE, BE ASSESSED, DIRECTED TO THE APPROPRIATE RESOURCES OR TRAINING, AND ULTIMATELY CONNECTED TO EMPLOYMENT. TALENTBRIDGE'S CRITICAL ROLE IS TO CULTIVATE EMPLOYER RELATIONSHIPS AND BUILD PARTNERSHIPS WITH EMPLOYERS THAT RESULT IN INCREASED JOB PLACEMENT OPPORTUNITIES. TALENTBRIDGE IS GOODWILL'S LINK TO CONNECT WORKFORCE TALENT TO WORKPLACE OPPORTUNITY. IN 2019, GOODWILL TALENTBRIDGE EMPLOYED ALMOST 3,000 INDIVIDUALS, IN LARGE PART TO INDIVIDUALS WHO HAD PREVIOUSLY BEEN UN- OR UNDER-EMPLOYED.

TALENTBRIDGE OFFERS EMPLOYERS A WIDE RANGE OF SOLUTIONS AND SERVICES, INCLUDING CONTRACT EMPLOYMENT, CONTRACT TO HIRE, DIRECT PLACEMENT, AND RECRUITMENT PROCESS OUTSOURCING. TALENTBRIDGE PROVIDES JOB PLACEMENT IN AN ARRAY OF INDUSTRIES, INCLUDING MANUFACTURING AND INDUSTRIAL, HEALTHCARE, FINANCE AND BANKING,

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

Employer identification number  
**39-0808491**

ATTACHMENT 3 (CONT'D)

PROFESSIONAL AND ADMINISTRATIVE, CALL CENTER, CULINARY AND FOOD  
SERVICE.

LAUNDRY

GOODWILL SEW PERFORMS LAUNDRY SERVICES FOR FEDERAL CUSTOMERS SUCH  
AS THE NAVY AND DEPARTMENT OF VETERANS AFFAIRS HOSPITALS THROUGH  
THE ABILITYONE PROGRAM, WHICH PROVIDES WORK OPPORTUNITIES AND  
SKILL DEVELOPMENT FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES.

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| GREAT LAKES RESOURCES, INC.<br>702 E WASHINGTON<br>MADISON, WI 53701         | TEMP STAFFING AGENCY           | 8,496,824.          |
| ADVANCED DISPOSAL<br>W144S6350 COLLEGE COURT<br>MUSKEGO, WI 53150            | WASTE DISPOSAL                 | 2,895,207.          |
| FIRST STUDENT, INC.<br>705 CENTRAL AVENUE, SUITE 300<br>CINCINNATI, OH 45202 | TRANSPORTATION SVCS            | 647,946.            |
| SUBURBAN ASPHALT CO INC.<br>11251 W FOREST HOME AVENUE<br>FRANKLIN, WI 53132 | PARKING LOT REPAIRS            | 437,213.            |
| EUREST, COMPASS GROUP USA<br>PO BOX 91337<br>CHICAGO, IL 60693-1337          | CAFETERIA SVCS                 | 382,121.            |

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**Employer identification number  
**39-0808491**ATTACHMENT 5FORM 990, PART IX - OTHER FEES

| <u>DESCRIPTION</u>    | <u>(A)<br/>TOTAL<br/>FEES</u> | <u>(B)<br/>PROGRAM<br/>SERVICE EXP.</u> | <u>(C)<br/>MANAGEMENT<br/>AND GENERAL</u> | <u>(D)<br/>FUNDRAISING<br/>EXPENSES</u> |
|-----------------------|-------------------------------|---|---|---|
| LEASED EMPLOYEES      | 6,822,043.                    | 6,822,043.                              | 0.  | 0.                                      |
| PROFESSIONAL FEES     | 2,803,775.                    | 863,803.                                | 1,926,817.                                | 13,155.                                 |
| CONTRACTED SERVICES   | 1,138,621.                    | 186,939.                                | 951,682.                                  | 0.                                      |
| CONSULTING FEES       | 818,658.                      | 53,036.                                 | 765,622.                                  | 0.                                      |
| TEMPORARY STAFFING    | 536,104.                      | 218,804.                                | 317,300.                                  |   |
| MEMBERSHIP FEES       | 283,391.                      | 24,205.                                 | 258,281.                                  | 905.                                    |
| MEDICAL SUPPLIES      | 202,200.                      | 116,346.                                | 85,854.                                   |   |
| TUITION REIMBURSEMENT | 155,413.                      |   | 155,413.                                  |   |
| TOTALS                | <u>12,760,205.</u>            | <u>8,285,176.</u>                       | <u>4,460,969.</u>                         | <u>14,060.</u>                          |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN  
WISCONSIN, INC.**

Employer identification number  
**39-0808491**

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                            | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| <b>(1)</b> GOODWILL TALENTBRIDGE, LLC 27-1303707<br>5400 SOUTH 60TH STREET GREENDALE, WI 53129 | STAFFING                | WI   | 15,366,865.         | 7,238,647.                | GOODWILL SEW                     |
| <b>(2)</b>   |                         |  |                     |                           |                                  |
| <b>(3)</b>   |                         |  |                     |                           |                                  |
| <b>(4)</b>   |                         |  |                     |                           |                                  |
| <b>(5)</b>   |                         |  |                     |                           |                                  |
| <b>(6)</b>   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| <b>(1)</b> GOODWILL RETAIL SERVICES, INC. 39-2040239<br>5400 SOUTH 60TH STREET GREENDALE, WI 53129            | SUPPORTING              | WI   | 501(C)(3)                  | 12-II   | GW SEW                           | X  |    |
| <b>(2)</b> GOODWILL INDUSTRIES OF METRO CHICAGO, INC 36-4455490<br>5400 SOUTH 60TH STREET GREENDALE, WI 53129 | HUMAN SERVICE           | IL   | 501(C)(3)                  | 7   | GW SEW                           | X  |    |
| <b>(3)</b> GOODWILL MANUFACTURING, INC. 35-2531359<br>5400 SOUTH 60TH STREET GREENDALE, WI 53129              | HUMAN SERVICE           | WI   | 501(C)(3)                  | 10  | GW SEW                           | X  |    |
| <b>(4)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(5)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(6)</b>  |                         |  |                            |   |                                  |  |    |
| <b>(7)</b>  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2019

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | X  |

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

| (a)<br>Name of related organization             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO | A                             | 4,664.                 | FMV  |
| (2) GOODWILL RETAIL SERVICES, INC.              | A                             | 1,265,790.             | FMV  |
| (3) GOODWILL MANUFACTURING, INC.                | A                             | 70,375.                | FMV  |
| (4) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO | B                             | 605,699.               | FMV  |
| (5) GOODWILL RETAIL SERVICES, INC.              | C                             | 28,059,123.            | FMV  |
| (6) GOODWILL RETAIL SERVICES, INC.              | J                             | 3,697,860.             | FMV  |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> 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? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b> |    |

**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)<br>Name of related organization             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) GOODWILL MANUFACTURING, INC.                | J                             | 45,520.                | FMV  |
| (2) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO | L                             | 287,434.               | FMV  |
| (3) GOODWILL RETAIL SERVICES, INC.              | L                             | 15,835,267.            | FMV  |
| (4) GOODWILL MANUFACTURING, INC.                | L                             | 777,245.               | FMV  |
| (5) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO | N                             | 25,787.                | FMV  |
| (6) GOODWILL RETAIL SERVICES, INC.              | N                             | 1,418,877.             | FMV  |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes       | No |
|--|-----------|----|
| <b>1</b> 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? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.  | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s)  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s)   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s)   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s)   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s)  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses.   | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s)   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s)   | <b>1s</b> |    |

**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)<br>Name of related organization             | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) GOODWILL MANUFACTURING, INC.                | N                             | 741,622.               | FMV  |
| (2) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO | P                             | 1,069,844.             | FMV  |
| (3) GOODWILL RETAIL SERVICES, INC.              | P                             | 18,362,912.            | FMV  |
| (4) GOODWILL MANUFACTURING, INC.                | P                             | 1,784,246.             | FMV  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |

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

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

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income (related,<br>unrelated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V - UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |  | Yes   | No |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| (1)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (2)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (3)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (4)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (5)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (6)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (7)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (8)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (9)                                     |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (10)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (11)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (12)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (13)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (14)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (15)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |
| (16)                                    |                         |  |  |   |    |                                 |  |   |    |   |   |    |                                |

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br>GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. | Taxpayer identification number (TIN)<br><br>39-0808491 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>5400 SOUTH 60TH STREET                     |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>GREENDALE, WI 53129      |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

LISA HEIDER

• The books are in the care of ► 5400 SOUTH 60TH STREET GREENDALE WI 53129

Telephone No. ► 414 847-4200 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2019 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |              |    |
|---|--------------|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> \$ | 0. |
| <b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.       | <b>3c</b> \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**