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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Goodwill Industries of Southeastern Wisconsin Inc

% LISA HEIDER

Doing business as

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

Room/suite

5400 South 60th Street

City or town, state or province, country, and ZIP or foreign postal code

Greendale, WI 53129

F Name and address of principal officer

Jacqueline L Hallberg

5400 South 60th Street

Greendale, WI 53129

D Employer identification number

39-0808491

E Telephone number

(414) 847-4200

G Gross receipts \$

149,255,838

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.goodwillsew.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1919

M State of legal domicile

WI

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

GOODWILL PROVIDES TRAINING, EMPLOYMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES WHO SEEK GREATER INDEPENDENCE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

19

4 Number of independent voting members of the governing body (Part VI, line 1b)

19

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

4,760

6 Total number of volunteers (estimate if necessary)

252

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 39

10,676

Revenue

8 Contributions and grants (Part VIII, line 1h)

35,482,240

9 Program service revenue (Part VIII, line 2g)

71,230,412

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

308,243

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

475,838

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

107,496,733

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

782,326

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

88,662,629

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶263,584

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

8,276,294

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

97,721,249

19 Revenue less expenses Subtract line 18 from line 12

9,775,484

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

180,612,843

21 Total liabilities (Part X, line 26)

62,691,016

22 Net assets or fund balances Subtract line 21 from line 20

117,921,827

Beginning of Current Year

End of Year

Part II

Signature Block

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

Sign Here

Signature of officer

JEFFREY E DOCALAVICH CFO

Type or print name and title

2020-06-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ Grant Thornton LLP

Firm's address ▶ 100 E Wisconsin Ave

Milwaukee, WI 53202

Preparer's signature

Firm's EIN ▶

Phone no (414) 289-8200

Date 2020-06-02

Check ☐ if self-employed

PTIN P00556798

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the 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 PR

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)
See Additional Data				



















4b	(Code)	(Expenses \$ 2,103,598	including grants of \$ 1,026,549)	(Revenue \$ 26,818,545)
See Additional Data				

4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	82,837,174
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 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? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	125	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4,760			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 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? If "Yes," see instructions and file Form 4720, Schedule N		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	19	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☒ Other (explain in Schedule O)

19 Describe in 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
►LISA HEIDER 5400 SOUTH 60TH STREET Greendale, WI 53129 (414) 847-4200

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	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
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Great Lakes Resources Inc, 702 E Washington MADISON, WI 53701	Temp Staffing Agency	8,496,824
Advanced Disposal, W144S6350 College Sourt MUSKEGO, WI 53150	Waste Disposal	2,895,207
First Student Inc, 705 Central Avenue Suite 300 CINCINNATI, OH 45202	Transportation SVCS	647,946
Suburban Asphalt Co Inc, 11251 W Forest Home Avenue FRANKLIN, WI 53132	Parking Lot Repairs	437,213
Eurest Compass Group USA, PO Box 91337 CHICAGO, IL 606931337	Cafeteria Svcs	382,121

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 31</p>	
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Part VIII

Statement of Revenue

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

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

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		39,324,924	2	54,111,974
	3	Pledges and grants receivable, net		25,964	3	68,864
	4	Accounts receivable, net		9,766,189	4	9,644,552
	5	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	5	0
	6	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	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		658,050	8	520,883
	9	Prepaid expenses and deferred charges		884,253	9	748,553
	10a	Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 193,800,535			
	b	Less—accumulated depreciation	10b 93,458,930	105,646,951	10c	100,341,605
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities—See Part IV, line 11		0	12	0
	13	Investments—program-related—See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets—See Part IV, line 11		24,306,512	15	26,253,508
16	Total assets. Add lines 1 through 15 (must equal line 34)		180,612,843	16	191,689,939	
Liabilities	17	Accounts payable and accrued expenses		19,016,438	17	17,828,233
	18	Grants payable		0	18	0
	19	Deferred revenue		733,183	19	123,856
	20	Tax-exempt bond liabilities		40,303,636	20	33,916,331
	21	Escrow or custodial account liability—Complete Part IV of Schedule D		0	21	0
	22	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	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		497,506	24	0
	25	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	25	3,065,921
	26	Total liabilities. Add lines 17 through 25		62,691,016	26	54,934,341
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		117,670,898	27	136,503,843
	28	Net assets with donor restrictions		250,929	28	251,755
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		117,921,827	32	136,755,598
33	Total liabilities and net assets/fund balances		180,612,843	33	191,689,939	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,065,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,620,167
3	Revenue less expenses Subtract line 2 from line 1	3	19,445,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,921,827
5	Net unrealized gains (losses) on investments	5	157,765
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-769,181
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,755,598

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 39-0808491
Name: Goodwill Industries of Southeastern Wisconsin Inc

Form 990 (2019)

Form 990, Part III, 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 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 TO OUR PARTICIPANTS

Form 990, Part III, 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 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 DRIVERS 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 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 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 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 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, 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.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jacqueline L Hallberg President & CEO	40 0 12 0			X				649,295	0	38,757
Billie Torrentt Chief Operating Officer	15 0 37 0				X			121,086	249,293	38,952
Tamara T Jung CFO/Asst Treasurer - THRU 8/19	40 0 12 0			X				326,259	0	28,623
Steven J Loos CAO/Asst Secretary-as of 2/19	40 0 12 0			X				289,475	0	40,152
Michael Matus Vice President - thru 9/19	40 0 0 0					X		285,097	0	24,899
Patricia A Boelter-Mu VP, Chief Marketing Officer	40 0 0 0					X		275,642	0	27,987
Christine E Brooks Vice President	40 0 0 0					X		249,574	0	38,279
Kent A Walters Senior VP - Operations	40 0 0 0					X		241,052	0	37,359
Daniel S Depies SVP Mission-Thru 7/19, CMO	47 0 5 0			X				210,666	23,407	36,856
Lisa Heider Vice President - Finance	40 0 0 0					X		216,846	0	35,603

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles J Stadler Former Chief Operating Officer	0 0 0 0						X	108,056	0	0
Jeffrey Docalavich CFO/Asst Treasurer-as of 8/19	40 0 12 0			X				97,649	0	5,122
Timothy J Mattke Chair	2 0 3 0	X		X				0	0	0
Robert J Klug Treasurer	2 0 2 0	X		X				0	0	0
Thomas R Savage Secretary	2 0 2 0	X		X				0	0	0
Irene Sudac Vice Chair	2 0 3 0	X		X				0	0	0
James Borns Director	2 0 0 0	X						0	0	0
Jacqueline M Bowles Director	2 0 1 0	X						0	0	0
Mary Dowell Director	2 0 0 0	X						0	0	0
Karen G Duffy Director	2 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Dziewa Director	2 0 0 0	X						0	0	0
Laura Gough Director	2 0 0 0	X						0	0	0
Michelle D Greene Director	2 0 0 0	X						0	0	0
Bradley Kalscheur Director	2 0 0 0	X						0	0	0
David Marcus Director	2 0 0 0	X						0	0	0
Michelle Mason Director	2 0 1 0	X						0	0	0
Richard A Meeusen Director	2 0 1 0	X						0	0	0
Thomas V Richtman Director	2 0 1 0	X						0	0	0
Anthony D Ross Director - THRU 8/19	2 0 1 0	X						0	0	0
Mason Ross Director	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Carl E Vander Wilt Director	2 0 1 0	X						0	0	0
Marilyn Vollrath Director	2 0 0 0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to 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

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 **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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed 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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	41,112,635	38,151,189	48,005,539	35,482,240	41,529,172	204,280,775
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	41,112,635	38,151,189	48,005,539	35,482,240	41,529,172	204,280,775
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						115,043,818
6	Public support. 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
7	Amounts from line 4	41,112,635	38,151,189	48,005,539	35,482,240	41,529,172	204,280,775
8	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
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	339,006	354,111	290,023	279,585	49,488	1,312,213
11	Total support. Add lines 7 through 10						207,853,520
12	Gross receipts from related activities, etc. (see instructions)					12	519,674,241

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	42.933 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	45.818 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

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 on line 12 of 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
1 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>	1	
2 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>	2	
3a 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>	3a	
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>	3b	
c 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>	3c	
4a 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>	4a	
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>	4b	
c 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>	4c	
5a 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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>	7	
8 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>	8	
9a 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>	9a	
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>	9b	
c 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>	9c	
10a 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 line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)			Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?				
a 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 A family member of a person described in (a) above?			11a	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI			11b	
			11c	

Section B. Type I Supporting Organizations			Yes	No
1 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? 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				
			1	
2 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? 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				
			2	

Section C. Type II Supporting Organizations			Yes	No
1 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)? 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)				
			1	

Section D. All Type III Supporting Organizations			Yes	No
1 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?				
			1	
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
			2	
3 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				
			3	

Section E. Type III Functionally-Integrated Supporting Organizations			Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)				
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below				
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below				
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)				
2 Activities Test. Answer (a) and (b) below.				
a 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? 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			2a	
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? 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			2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.				
a 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? Provide details in Part VI.			3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			3b	

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:
Software Version:
EIN: 39-0808491
Name: Goodwill Industries of Southeastern
Wisconsin Inc

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

Temporarily restricted 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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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
1a Land		30,443,631		30,443,631
b Buildings		129,566,032	67,067,394	62,498,638
c Leasehold improvements				
d Equipment		26,702,813	22,908,736	3,794,077
e Other		7,088,059	3,482,800	3,605,259
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				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 (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (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	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	149,578,529
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	157,765
b	Donated services and use of facilities	2b	16,215
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	36,339,195
e	Add lines 2a through 2d	2e	36,513,175
3	Subtract line 2e from line 1	3	113,065,354
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	113,065,354

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	130,744,758
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	16,215
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	37,108,376
e	Add lines 2a through 2d	2e	37,124,591
3	Subtract line 2e from line 1	3	93,620,167
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	93,620,167

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0808491
Name: Goodwill Industries of Southeastern Wisconsin Inc

Supplemental Information

Return Reference	Explanation
LIABILITY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	<p>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</p> <p>THE FASB ISSUED GUIDANCE RELATED TO THE UNCERTAINTY OF INCOME TAX POSITIONS, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATIONS 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 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 GOODWILLS FINANCIAL STATEMENTS AS A RESULT OF THE ACTS, MANAGEMENT CONTINUES TO EVALUATE THE IMPACT</p>

Supplemental Information

Return Reference	Explanation
Reconciliation of Revenue	PART XI, Line 2D Rental Expenses 67,830 Tenant payment of real estate taxes 16,383 Fundrai sing event expenses 324,304 Gaming Expenses 1,292 Cost of goods sold 35,610,903 Intercompa ny Contracted Services 3,765 Intercompany Temporary Help 314,718 ----- Total 36,339 ,195

Supplemental Information

Return Reference	Explanation
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

Supplemental Information Regarding Fundraising or Gaming Activities

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

39-0808491

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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 (add col (a) through col (c))
		Retro Event (event type)	(event type)	0 (total number)	
Revenue	1 Gross receipts	279,312			279,312
	2 Less Contributions	231,069			231,069
	3 Gross income (line 1 minus line 2)	48,243			48,243
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	53,177			53,177
	8 Entertainment	74,000			74,000
	9 Other direct expenses	197,127			197,127
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				324,304
11 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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 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 _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for 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 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.

(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 5400 South 60th Street Greendale, WI 53129	36-4455490	501(c)(3)	605,699	0			Grant - See Form 990 Part III, Line 4A

- 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 ▶

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Merchandise Vouchers	14771	0	369,269	FMV	Merchandise Voucher
(2) Clothing for Job Interviews	7	0	434	FMV	Clothing
(3) Transportation for Job Interviews	6	0	555	FMV	Transportation
(4) Stipends for Program Achievements	30	46,195	0		
(5) Participant Incentives	2	0	1,057	FMV	Miscellaneous
(6) Job Seeking Materials	22	0	3,340	FMV	Miscellaneous
(6)					
(7)					

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

Return Reference	Explanation
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)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		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
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
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	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4a	Yes	
		4b		No
		4c		No
	Only 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5a	Yes	
		5b	Yes	
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6a	Yes	
		6b	Yes	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 are not 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

[illegible]

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.

Return Reference	Explanation
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 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.

Additional Data

Software ID:
Software Version:
EIN: 39-0808491
Name: Goodwill Industries of Southeastern
Wisconsin Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1Jacqueline L Hallberg President & CEO	(i)	486,708	151,344	11,243	21,650	17,107	688,052	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
1Tamara T Jung CFO/Asst Treasurer - THRU 8/19	(i)	257,991	67,400	868	23,998	4,625	354,882	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
2Steven J Loos CAO/Asst Secretary-as of 2/19	(i)	238,669	49,432	1,374	21,650	18,502	329,627	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
3Billie Torrentt 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	
4Daniel S Depies 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	
5Michael Matus Vice President - thru 9/19	(i)	157,365	43,129	84,603	15,487	9,412	309,996	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
6Patricia A Boelter-Mundt VP, Chief Marketing Officer	(i)	207,680	47,314	20,648	21,225	6,762	303,629	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
7Christine E Brooks Vice President	(i)	204,839	44,465	270	19,901	18,378	287,853	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
8Kent A Walters Senior VP - Operations	(i)	200,454	40,184	414	18,857	18,502	278,411	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
9Lisa Heider Vice President - Finance	(i)	177,163	39,311	372	17,131	18,472	252,449	
	(ii)	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -	- - - - -
10Charles J Stadler Former Chief Operating Officer	(i)	0	0	108,056	0	0	108,056	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Goodwill Industries of Southeastern
Wisconsin Inc

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,875,000		2,848,000		712,000		642,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	13,500,000		10,000,000		2,500,000		15,217,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	106,000		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	9,489,000		0		0		0	
11	Other spent proceeds	3,905,000		10,000,000		2,500,000		15,217,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2012		2014		2014		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	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	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	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
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X		X	
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	US BANK		US Bank		US Bank		US Bank and PNC Bank	
c	Term of hedge	640 %		3 %		3 %		10 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
Schedule K Bond	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)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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

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

(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

Total ▶ \$

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Elizabeth McNally	Family of Director	238,091	Entity Paid Wages	Yes	

Part V Supplemental Information

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

Return Reference	Explanation
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

Name of the organization

Goodwill Industries of Southeastern Wisconsin Inc

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

39-0808491

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION DETERMINATION	<p>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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC AVAILABILITY	PART VI, LINES 18 AND 19 GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC AND AFFILIATE S ("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

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	Part XI, Line 9 UNREALIZED SWAP INTEREST (\$769,181)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LEASED EMPLOYEES TOTAL FEES 6822043

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL FEES TOTAL FEES 2803775

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED SERVICES TOTAL FEES 1138621

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 818658

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFFING TOTAL FEES 536104

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEMBERSHIP FEES TOTAL FEES 283391

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SUPPLIES TOTAL FEES 202200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TUITION REIMBURSEMENT TOTAL FEES 155413

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► 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 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 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Goodwill Talentbridge LLC 5400 South 60th Street Greendale, WI 53129 27-1303707	Staffing	WI	15,366,865	7,238,647	Goodwill SEW

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Goodwill Retail Services Inc 5400 South 60th Street Greendale, WI 53129 39-2040239	Supporting	WI	501(c)(3)	12-II	GW SEW	Yes	
(2) Goodwill Industries of Metro Chicago Inc 5400 South 60th Street Greendale, WI 53129 36-4455490	Human Service	IL	501(c)(3)	7	GW SEW	Yes	
(3) Goodwill Manufacturing Inc 5400 South 60th Street Greendale, WI 53129 35-2531359	Human Service	WI	501(c)(3)	10	GW SEW	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

1a Yes

b Gift, grant, or capital contribution to related organization(s)

1b Yes

c Gift, grant, or capital contribution from related organization(s)

1c Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j Yes

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

1k

No

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

1l Yes

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

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n Yes

o Sharing of paid employees with related organization(s)

1o Yes

p Reimbursement paid to related organization(s) for expenses

1p Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

r Other transfer of cash or property to related organization(s)

1r

No

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

1s

No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 39-0808491
Name: Goodwill Industries of Southeastern
Wisconsin Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Goodwill Industries of Metropolitan Chicago	A	4,664	FMV
(1)	Goodwill Retail Services Inc	A	1,265,790	FMV
(2)	Goodwill Manufacturing Inc	A	70,375	FMV
(3)	Goodwill Industries of Metropolitan Chicago	B	605,699	FMV
(4)	Goodwill Retail Services Inc	C	28,059,123	FMV
(5)	Goodwill Retail Services Inc	J	3,697,860	FMV
(6)	Goodwill Manufacturing Inc	J	45,520	FMV
(7)	Goodwill Industries of Metropolitan Chicago	L	287,434	FMV
(8)	Goodwill Retail Services Inc	L	15,835,267	FMV
(9)	Goodwill Manufacturing Inc	L	777,245	FMV
(10)	Goodwill Industries of Metropolitan Chicago	N	25,787	FMV
(11)	Goodwill Retail Services Inc	N	1,418,877	FMV
(12)	Goodwill Manufacturing Inc	N	741,622	FMV
(13)	Goodwill Industries of Metropolitan Chicago	P	1,069,844	FMV
(14)	Goodwill Retail Services Inc	P	18,362,912	FMV
(15)	Goodwill Manufacturing Inc	P	1,784,246	FMV