

EXTENDED TO NOVEMBER 15, 2021

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public
Inspection

- 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 2020 calendar year, or tax year beginning _____ and ending _____

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.

Doing business as

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

5400 SOUTH 60TH STREET

D Employer identification number

39-0808491City or town, state or province, country, and ZIP or foreign postal code
GREENDALE, WI 53129F Name and address of principal officer: **JACQUELINE HALLBERG**
SAME AS C ABOVEI Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527J Website: ► WWW.GOODWILLSEW.COMK 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: PROVIDES TRAINING, EMPLOYMENT & SUPPORTIVE SERVICES TO PEOPLE WITH DISABILITIES OR DISADVANTAGES.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
Revenue	b Net unrelated business taxable income from Form 990-T, Part I, line 11
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Expenses	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 218,779.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses. Subtract line 18 from line 12
	Beginning of Current Year
	20 Total assets (Part X, line 16)
Sign Here	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances. Subtract line 21 from line 20
	End of Year
23 Total assets (Part X, line 16)	191,689,939.
24 Total liabilities (Part X, line 26)	54,934,341.
25 Net assets or fund balances. Subtract line 24 from line 23	136,755,598.
26 Date	4/17/2021

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

May the IRS discuss this return with the preparer shown above? See instructions

 Yes No

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

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Part III Statement of Program Service Accomplishments

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

- 1** Briefly describe the organization's mission:

**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 (CONTINUED ON SCHEDULE O)**

- 2** Did the organization undertake any significant program services during the year which were not listed on the

prior Form 990 or 990-EZ? Yes X No

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?

If "Yes," describe these changes on Schedule O. Yes X No

- 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 \$ 45,600,763. including grants of \$ _____) (Revenue \$ 44,081,594.)
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 2020, GOODWILL GREAT LAKES SERVED ALMOST 10.0 MILLION MEALS TO U.S. NAVY SAILORS AND RECRUITS. AT THE END OF 2020, GOODWILL GREAT LAKES EMPLOYED MORE (CONTINUED ON SCHEDULE O)

4b (Code: _____) (Expenses \$ 26,793,944. including grants of \$ 971,943.) (Revenue \$ 17,433,459.)
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 2020, THE MISSION SERVICES PROGRAMS OF GOODWILL PROVIDED SERVICES TO MORE THAN 35,000 INDIVIDUALS AND PLACED PEOPLE INTO OVER 1,700 JOBS IN THE COMMUNITY. (CONTINUED ON SCHEDULE O)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses ► 72,394,707.

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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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> 		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	11a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	11d X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	11e X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	11f X	
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? <i>If "Yes," complete Schedule G, Part I</i>	12a X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	12b X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	14b X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
20a	20b	
	21 X	

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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 X	
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 X	
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 X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b X	
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 X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d X	
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 X	
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 X	
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 X	
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 X	
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 X	
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b X	
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 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 X	
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 X	
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 X	
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 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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 X	
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 X	
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 X	
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 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 91	
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 X	

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

	Yes	No
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	3221
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	X
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	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	X
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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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.		
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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20
	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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	20
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
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 on Schedule O		X

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	X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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	X
b	Other officers or key employees of the organization	15b	X
	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	X
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	X

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IL, WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► **LISA HEIDER - 414-847-4200**
5400 SOUTH 60TH STREET, GREENDALE, WI 53129

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JACQUELINE HALLBERG PRESIDENT & CEO	40.00	X					689,639.	0.	39,343.
	12.00								
(2) PATRICIA BOELTER-MUNDT VP CHIEF MARKETING OFC - THRU 5/2020	40.00						370,548.	0.	13,429.
	0.00				X				
(3) STEVEN LOOS ASST. SECRETARY - THRU 5/2020	4.00						0.	340,440.	31,968.
	48.00		X						
(4) DANIEL DEPIES CHIEF MISSION OFFICER	47.00						295,198.	32,800.	30,433.
	5.00			X					
(5) JEFFREY DOCALAVICH CFO/ASSISTANT TREASURER	40.00						329,827.	0.	18,320.
	12.00			X					
(6) KENT WALTERS SENIOR VP - OPERATIONS	40.00						250,207.	0.	28,986.
	0.00				X				
(7) LISA HEIDER VP - FINANCE	40.00						222,342.	0.	27,697.
	0.00				X				
(8) CHRISTINE BROOKS VICE PRESIDENT - THRU 4/2020	40.00						228,759.	0.	15,657.
	0.00				X				
(9) ELIZABETH MCNALLY VP - CHIEF OF STAFF	40.00						225,994.	0.	15,647.
	0.00				X				
(10) BILLIE TORRENTT FORMER CHIEF OPERATING OFFICER	0.00						59,385.	122,264.	3,615.
	0.00				X				
(11) BASIL BUCHKO ASST. SECRETARY - AS OF 5/2020	40.00						171,027.	0.	9,737.
	12.00		X						
(12) TIMOTHY MATTKE CHAIR	2.00	X	X				0.	0.	0.
	3.00								
(13) IRENE SUDAC VICE CHAIR	2.00	X	X				0.	0.	0.
	3.00								
(14) ROBERT KLUG TREASURER	2.00	X	X				0.	0.	0.
	2.00								
(15) THOMAS SAVAGE SECRETARY	2.00	X	X				0.	0.	0.
	2.00								
(16) JAMES BORRIS DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(17) JACQUELINE BOWLES DIRECTOR	2.00	X					0.	0.	0.
	1.00								

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MARY DOWELL DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(19) KAREN DUFFY DIRECTOR	2.00	X					0.	0.	0.
	1.00								
(20) JOHN DZIEWA DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(21) LAURA GOUGH DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(22) MICHELLE GREENE DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(23) BRADLEY KALSCHEUR DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(24) DAVID MARCUS DIRECTOR	2.00	X					0.	0.	0.
	0.00								
(25) MICHELLE MASON DIRECTOR	2.00	X					0.	0.	0.
	1.00								
(26) RICHARD MEEUSEN DIRECTOR	2.00	X					0.	0.	0.
	1.00								
1b Subtotal							2,842,926.	495,504.	234,832.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							2,842,926.	495,504.	234,832.

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 ►

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREAT LAKES RESOURCES, INC. 702 E WASHINGTON, MADISON, WI 53701	TEMP STAFFING AGENCY	7,339,155.
ADVANCED DISPOSAL W144S6350 COLLEGE COURT, MUSKEGO, WI 53150	WASTE DISPOSAL	2,786,716.
FIRST STUDENT, INC., 705 CENTRAL AVENUE, SUITE 300, CINCINNATI, OH 45202	TRANSPORTATION SVCS	656,241.
SHIELDS FACILITIES MAINTENANCE, LLC, 1777 SENTRY PARKWAY WEST, BLUE BELL, PA 19422	SNOW REMOVAL	644,935.
ZIZZO GROUP ADVERTISING, 207 N. MILWAUKEE STREET, MILWAUKEE, WI 53202	MARKETING SVCS	479,724.
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 ►	22	

SEE PART VII, SECTION A CONTINUATION SHEETS

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GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

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

Total to Part VII, Section A, line 1c

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

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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	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	9,103,450.		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,784,142.		
	g Noncash contributions included in lines 1a-1f	1g	\$		
	h Total. Add lines 1a-1f		► 24,887,592.		
Program Service Revenue	2 a GREAT LAKES PROGRAMS AND SERVICES	Business Code			
		561499	43,576,649.	43,576,649.	
	b PARTICIPANT PROGRAM AND SERVICES	624100	17,383,072.	17,383,072.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		► 60,959,721.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		► 151,368.		151,368.
	4 Income from investment of tax-exempt bond proceeds		►		
	5 Royalties		►		
		(i) Real	(ii) Personal		
	6 a Gross rents	6a	184,153.		
	b Less: rental expenses	6b	21,346.		
	c Rental income or (loss)	6c	162,807.		
	d Net rental income or (loss)		► 162,807.		162,807.
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		7a	12,150.		
	b Less: cost or other basis and sales expenses	7b	40,182.		
	c Gain or (loss)	7c	-28,032.		
	d Net gain or (loss)		► -28,032.		-28,032.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events		►		
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities		►		
	10 a Gross sales of inventory, less returns and allowances	10a	41,156,788.		
	b Less: cost of goods sold	10b	40,651,843.		
	c Net income or (loss) from sales of inventory		► 504,945.	504,945.	
Miscellaneous Revenue	11 a CREDIT CARD REBATE	Business Code			
		561000	44,719.	44,719.	
	b MISCELLANEOUS INCOME	900099	5,968.	5,968.	
	c VENDING SERVICE	561499	5,526.		5,526.
	d All other revenue				
	e Total. Add lines 11a-11d		► 56,213.		
	12 Total revenue. See instructions		► 86,694,614.	61,515,353.	0.
					291,669.

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

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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 X

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	658,220.	658,220.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	313,723.	313,723.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,580,482.	322,589.	1,221,444.	36,449.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	302,208.		302,208.	
7 Other salaries and wages	51,779,202.	40,827,336.	10,818,672.	133,194.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	669,229.	410,754.	254,208.	4,267.
9 Other employee benefits	10,284,252.	9,079,725.	1,189,188.	15,339.
10 Payroll taxes	3,813,078.	2,974,108.	829,453.	9,517.
11 Fees for services (nonemployees):				
a Management				
b Legal	69,101.	14,695.	54,406.	
c Accounting	184,292.		184,292.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,996,810.	8,792,378.	3,192,947.	11,485.
12 Advertising and promotion	1,528,033.	127,773.	1,400,260.	
13 Office expenses	4,720,193.	4,304,173.	415,155.	865.
14 Information technology	1,663,998.	340,488.	1,317,038.	6,472.
15 Royalties				
16 Occupancy	2,143,983.	828,069.	1,314,819.	1,095.
17 Travel	1,377,745.	1,264,576.	113,143.	26.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	137,971.	53,983.	83,918.	70.
20 Interest	1,416,957.	9,300.	1,407,657.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,468,259.	343,811.	2,124,448.	
23 Insurance	565,118.	424,598.	140,520.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PERSONAL PROPERTY TAX	1,000.		1,000.	
b ALLOCATED OCCUPANCY	-2,157,180.	1,304,408.	-3,461,588.	
c ALLOCATED MGMT. FEES	-13,451,932.		-13,451,932.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	82,064,742.	72,394,707.	9,451,256.	218,779.
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 ► if following SOP 98-2 (ASC 958-720)

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	54,111,974.	2	32,827,911.
	3 Pledges and grants receivable, net	68,864.	3	85,984.
	4 Accounts receivable, net	9,644,552.	4	32,592,391.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0.	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.	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	520,883.	8	1,025,828.
	9 Prepaid expenses and deferred charges	748,553.	9	596,619.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 191,109,297.		
	b Less: accumulated depreciation	10b 99,350,090.	10c 100,341,605.	10c 91,759,207.
	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	26,253,508.	15	35,555,640.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	191,689,939.	16	194,443,580.
Liabilities	17 Accounts payable and accrued expenses	17,828,233.	17	19,742,863.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	123,856.	19	165,773.
	20 Tax-exempt bond liabilities	33,916,331.	20	31,935,448.
	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	0.	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	3,065,921.	25	3,937,280.
	26 Total liabilities. Add lines 17 through 25	54,934,341.	26	55,781,364.
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	136,503,843.	27	138,347,686.
	28 Net assets with donor restrictions	251,755.	28	314,530.
	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	136,755,598.	32	138,662,216.
	33 Total liabilities and net assets/fund balances	191,689,939.	33	194,443,580.

Form 990 (2020)

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Form 990 (2020)

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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1 86,694,614.
2 Total expenses (must equal Part IX, column (A), line 25)	2 82,064,742.
3 Revenue less expenses. Subtract line 2 from line 1	3 4,629,872.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 136,755,598.
5 Net unrealized gains (losses) on investments	5 39,378.
6 Donated services and use of facilities	6
7 Investment expenses	7
8 Prior period adjustments	8 10,000.
9 Other changes in net assets or fund balances (explain on Schedule O)	9 -2,772,632.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 138,662,216.

Part XII Financial Statements and Reporting

Check 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?	X
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		
b Were the organization's financial statements audited by an independent accountant?	X
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		
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?	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X

Form 990 (2020)

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

2020

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38151189.	48005539.	35482240.	41529172.	24887592.	188055732
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	38151189.	48005539.	35482240.	41529172.	24887592.	188055732
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)						93686873.
6 Public support. Subtract line 5 from line 4.						94368859.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	38151189.	48005539.	35482240.	41529172.	24887592.	188055732
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	319,281.	325,981.	520,458.	784,536.	335,521.	2285777.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	610,551.	542,135.	368,532.	63,603.	5,526.	1590347.
11 Total support. Add lines 7 through 10						191931856
12 Gross receipts from related activities, etc. (see instructions)				12	514,581,467.	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	49.17	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	42.93	%
16a 33 1/3% support test - 2020. 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			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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			► <input type="checkbox"/>
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			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule A (Form 990 or 990-EZ) 2020

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 ►

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule A (Form 990 or 990-EZ) 2020

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule A (Form 990 or 990-EZ) 2020

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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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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	

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule A (Form 990 or 990-EZ) 2020

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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):		
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 <i>(explain in detail in Part VI):</i>		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Schedule A (Form 990 or 990-EZ) 2020

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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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Schedule A (Form 990 or 990-EZ) 2020

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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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING

2016 AMOUNT: \$ 349,476.

2017 AMOUNT: \$ 285,752.

2018 AMOUNT: \$ 274,142.

2019 AMOUNT: \$ 48,243.

2020 AMOUNT: \$ 0.

GAMING

2016 AMOUNT: \$ 4,635.

2017 AMOUNT: \$ 4,271.

2018 AMOUNT: \$ 5,443.

2019 AMOUNT: \$ 1,245.

2020 AMOUNT: \$ 0.

CAFETERIA/VENDING INCOME

2016 AMOUNT: \$ 256,440.

2017 AMOUNT: \$ 252,112.

2018 AMOUNT: \$ 88,947.

2019 AMOUNT: \$ 14,115.

2020 AMOUNT: \$ 5,526.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

Organization type (check one):

Filers of:Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

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

Name of organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 547,408.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,508,651.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,272,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 777,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,557,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,558,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 590,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 502,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

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

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

Name of organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

Part III

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2020
Open to Public
Inspection

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

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

Name of the organization	GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.	Employer identification number 39-0808491
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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 Tax 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Schedule D (Form 990) 2020

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

 - a Board designated or quasi-endowment ► _____ %
 - b Permanent endowment ► _____ %
 - c Term endowment ► _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

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

Part VI Land, Buildings, and Equipment

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

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	30,159,424.			30,159,424.
b Buildings	126,707,830.	71,658,481.		55,049,349.
c Leasehold improvements				
d Equipment	27,277,405.	23,692,247.		3,585,158.
e Other	6,964,638.	3,999,362.		2,965,276.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 91,759,207.

Schedule D (Form 990) 2020

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule D (Form 990) 2020

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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. (Col. (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. (Col. (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	25,021,329.
(2) DUE FROM GW RETAIL	8,450,867.
(3) ROU ASSETS	834,768.
(4) 457(B) PLAN	707,830.
(5) DUE FROM GW-CHICAGO	540,846.
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 35,555,640.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED SWAP INTEREST	2,347,085.
(3) OBLIG. UNDER LEASE LIABILITIES	881,186.
(4) 457(B) PLAN LIABILITY	707,830.
(5) VEHICLES REFUNDABLE ADVANCE	1,179.
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 3,937,280.

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

Schedule D (Form 990) 2020

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule D (Form 990) 2020

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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	1 126,222,120.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	2a 39,378.
b Donated services and use of facilities	2b 8,743.
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII.)	2d 43,572,568.
e Add lines 2a through 2d	2e 43,620,689.
3 Subtract line 2e from line 1	3 82,601,431.
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 4,093,183.
c Add lines 4a and 4b	4c 4,093,183.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 86,694,614.

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	1 126,700,152.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a 8,743.
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII.)	2d 44,862,931.
e Add lines 2a through 2d	2e 44,871,674.
3 Subtract line 2e from line 1	3 81,828,478.
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 236,264.
c Add lines 4a and 4b	4c 236,264.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 82,064,742.

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.

PART X, LINE 2:

LIABILITY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE RELATED TO

THE UNCERTAINTY OF INCOME TAX POSITIONS, WHICH CLARIFIES THE ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL

STATEMENTS AND REQUIRES ADDITIONAL DISCLOSURE. GOODWILL RECOGNIZES THE

FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT

THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION

FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE-LIKELY-THAN-NOT

THRESHOLD, THE AMOUNT RECOGNIZED IN THE FINANCIAL STATEMENTS IS THE

LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED

UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. AS OF DECEMBER

Part XIII Supplemental Information (continued)

31, 2020 AND 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 2017 THROUGH 2020. TAX YEARS OPEN UNDER THE STATE OF WISCONSIN AND STATE OF ILLINOIS STATUTES INCLUDE 2016 THROUGH 2020. 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 HAVE BEEN AMENDED AND THE ORGANIZATION DOES NOT PLAN TO FILE FOR 2020 OR 2019, EXCEPT IN WISCONSIN. TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

<u>COST OF GOODS SOLD</u>	<u>40,651,843.</u>
<u>INTERCOMPANY CONTRACTED SERVICES</u>	<u>1,126.</u>
<u>RENTAL EXPENSES</u>	<u>21,346.</u>
<u>TENANT PAYMENT OF REAL ESTATE TAXES</u>	<u>16,302.</u>
<u>INTERCOMPANY TEMPORARY HELP</u>	<u>145,221.</u>
<u>PAYROLL TAX CREDIT ALLOCATION</u>	<u>2,646,730.</u>
<u>COST SHARING AGREEMENT</u>	<u>90,000.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 2D</u>	<u>43,572,568.</u>

PART XI, LINE 4B - OTHER ADJUSTMENTS:

<u>457B INVESTMENT</u>	<u>236,264.</u>
<u>IMPAIRMENT LOSS</u>	<u>3,856,919.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 4B</u>	<u>4,093,183.</u>

Part XIII **Supplemental Information** *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>COST OF GOODS SOLD</u>	40,651,843.
<u>INTERCOMPANY CONTRACTED SERVICES</u>	1,126.
<u>RENTAL EXPENSES</u>	21,346.
<u>TENANT PAYMENT OF REAL ESTATE TAXES</u>	16,302.
<u>INTERCOMPANY TEMPORARY HELP</u>	145,221.
<u>UNREALIZED SWAP INTEREST</u>	793,258.
<u>INTERCOMPANY ALLOCATION</u>	497,105.
<u>PAYROLL TAX CREDIT ALLOCATION</u>	2,374,651.
<u>PAYROLL TAX CREDIT</u>	238,374.
<u>INTERCOMPANY GRANT</u>	33,705.
<u>COST SHARING AGREEMENT</u>	90,000.
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	44,862,931.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

457B INVESTMENT 236,264.

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule I (Form 990) 2020

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MERCHANDISE VOUCHERS	11466	0.	286,657. FMV		MERCHANDISE VOUCHER
CLOTHING	1	0.	31. FMV		CLOTHING
STIPENDS FOR PROGRAM ACHIEVEMENTS	26	26,526.	0. FMV		MISCELLANEOUS
JOB SEEKING MATERIALS	5	0.	509. FMV		MISCELLANEOUS

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

PART I, LINE 2:

MONITORING PROCEDURES

GOODWILL PROVIDES ASSISTANCE TO INDIVIDUALS AND FAMILIES EXPERIENCING

HARDSHIP EITHER DIRECTLY OR THROUGH OTHER SOCIAL SERVICE AGENCIES. GOODWILL

AND AGENCY REPRESENTATIVES DISTRIBUTE MERCHANDISE VOUCHERS THAT MAY BE

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

JOB-SEEKING SUPPORT FROM GOODWILL STORES.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020**Open to Public Inspection**

Name of the organization	GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.	Employer identification number 39-0808491
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Part I Questions Regarding Compensation

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

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

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

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

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

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

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2020

Part II Officers, Director

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 listed on Form 990 Part VII.

Note: The sum of columns (B) (iii) for each listed individual must equal the total amount of Form 906 Don't Tell Section A line 12 nondeductible column (D) and (E) amounts for that individual.

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.

PART I, LINE 1A:HEALTH AND SOCIAL CLUB DUES

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

PART I, LINE 4A:SEVERANCE PAYMENT

THREE INDIVIDUALS LEFT THE ORGANIZATION AND RECEIVED SEVERANCE PAYMENTS IN 2020. DUE TO CONFIDENTIALITY AGREEMENTS, NEITHER THE NAMES NOR THE AMOUNTS WILL BE LISTED. THEY ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

PART I, LINES 5A - B AND 6A - BLEADERSHIP INCENTIVE PLAN

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

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

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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.

FINANCIAL SECURITY AND STABILITY OF THE ORGANIZATION. THE PLAN INCLUDES

FINANCIAL PERFORMANCE GOALS BASED ON REVENUE AND NET INCOME. THE PLAN

IS ADMINISTERED BY GOODWILL'S PRESIDENT WITH REVIEW AND APPROVAL BY THE

HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

SCHEDULE K
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
 WISCONSIN, INC.

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated	(h) On behalf of issuer	(i) Pooled financing
Yes	No	Yes	No	Yes	No	Yes	No	No
WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855	NONEAVAIL	12/20/12	13500000.	LAND AND BUILDING EXPANSION	X	X	X
WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855	NONEAVAIL	11/25/14	10000000.	REFUNDING OF 2014A ISSUE	X	X	X
WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855	NONEAVAIL	11/25/14	2,500,000.	REFUNDING OF 2014B ISSUE	X	X	X
WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855	NONEAVAIL	11/01/18	15217000.	REFUNDING OF 2014C ISSUE	X	X	X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,435,000.	3,464,000.	866,000.	
2 Amount of bonds legally defeased				
3 Total proceeds of issue	13,500,000.	10,000,000.	2,500,000.	15,217,000.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	106,000.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds	9,489,000.			
10 Capital expenditures from proceeds	3,905,000.	10,000,000.	2,500,000.	15,217,000.
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion		2012	2014	2015
	Yes	No	Yes	No

- 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?
 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?
 16 Has the final allocation of proceeds been made?
 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?

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

OMB No. 1545-0047
2020
 Open to Public
 Inspection

Schedule K (Form 990) 2020

Part III Private Business Use

	A	B	C	D
	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
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?				
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	▲	%	%	%
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 non-governmental 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?				
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
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?	X	X	X	X
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

Part IV Arbitrage (continued)

	A	B	C	D
	Yes	No	Yes	No
	X	X	X	X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?				
b Name of provider				
c Term of hedge				
d Was the hedge superintegrated?				
e Was the hedge terminated?				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X	X	X	X
b Name of provider				
c Term of GIC				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
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
	X	X	X	X
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 isn't available under applicable regulations?				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**PART I, COLUMN F****DESCRIPTION OF PURPOSE**

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

**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

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	(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.

Total \$▼

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Schedule L (Form 990 or 990-EZ) 2020 WISCONSIN, INC.

39-0808491 Page 2

Part IV Business Transactions Involving Interested Persons.

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

Part V Supplemental Information.

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

PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

THE ABOVE BUSINESS TRANSACTION INVOLVING AN INTERESTED PERSON IS

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 DISADVANTAGES OR HAVE OTHER SPECIAL NEEDS, IN ORDER TO

ENHANCE THEIR EMPLOYMENT OPPORTUNITIES, PREVENT OR ALLEVIATE

REHABILITATION PROBLEMS, AND FACILITATE THEIR ABILITY TO LIVE

INDEPENDENTLY IN THE COMMUNITY.

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., WAS FORMED IN 1919

AND IS A WISCONSIN NONSTOCK, NOT-FOR-PROFIT CORPORATION WITH 501(C)(3)

STATUS. IT IS THE SOLE CORPORATE MEMBER OF FOUR OTHER NOT-FOR-PROFIT

ENTITIES: GOODWILL RETAIL SERVICES, INC.; GOODWILL INDUSTRIES OF

METROPOLITAN CHICAGO, INC.; GOODWILL MANUFACTURING, INC.; AND GOODWILL

TALENTBRIDGE, LLC. EACH OF THE CORPORATIONS FILE A SEPARATE FORM 990;

THE LIMITED LIABILITY COMPANY REPORTS ITS INCOME AND EXPENSES ON

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.'S FORM 990.

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN AND ITS AFFILIATED

CORPORATIONS COMPOSE ONE OF THE LARGEST OF ALMOST 160 INDEPENDENT

GOODWILL ORGANIZATIONS IN NORTH AMERICA. THE COMBINED SOUTHEASTERN

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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WISCONSIN GOODWILL ENTITIES OFFER PROGRAMS AND SERVICES AT NEARLY 90 LOCATIONS AND SERVED ALMOST 40,000 PEOPLE IN 2020.

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

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

IN 2020, GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., THE PARENT CORPORATION:

- EMPLOYED OVER 3,000 PEOPLE - MORE THAN 700 WERE PEOPLE WITH DISABILITIES.

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- PROVIDED SERVICES TO OVER 36,000 PEOPLE.
- PLACED PEOPLE INTO ALMOST 3,800 EMPLOYMENT OPPORTUNITIES.
- SERVED MORE THAN 10.0 MILLION MEALS TO UNITED STATES NAVY SAILORS AND RECRUITS.
- DELIVERED OVER 373,000 MEALS TO SENIOR CITIZENS.
- SUPPLIED FAMILIES IN NEED WITH MORE THAN \$291,000 IN VOUCHERS (OVER 8,000 TRANSACTIONS) FOR USEFUL MERCHANDISE FROM GOODWILL STORES.
- MAINTAINED COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) CERTIFICATION, HEALTH CARE LAUNDRY ACCREDITATION COUNCIL (HLAC) ACCREDITATIONS AND NATIONAL ASSOCIATION FOR INFORMATION DESTRUCTION (NAID) CERTIFICATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THAN 650 PEOPLE, NEARLY 450 OF WHOM WERE PEOPLE WITH SIGNIFICANT DISABILITIES. DURING THE COURSE OF 2020, GOODWILL GREAT LAKES SERVED ALMOST 600 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

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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 2020, 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, PROGRAM SERVICE ACCOMPLISHMENTS:
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. THROUGH THE COVID-19 PANDEMIC IN 2020, GOODWILL

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NEEDED TO MAKE ADJUSTMENTS TO ITS WORKFORCE DEVELOPMENT SERVICES TO
CONTINUE SAFELY SERVING INDIVIDUALS. TO DO THIS, STAFF FOUND
ALTERNATIVE WAYS TO CONNECT WITH INDIVIDUALS SERVED THROUGH TELEPHONE
AND VIRTUAL PLATFORMS.

GOODWILL OPERATED THREE WORKFORCE CONNECTION CENTERS AS WELL AS ACCESS POINTS AT A DOMESTIC VIOLENCE CENTER, HOMELESS SHELTER, AND PUBLIC LIBRARIES AT THE START OF 2020 IN SOUTHEASTERN WISCONSIN. THE COVID-19 PANDEMIC AND ASSOCIATED SAFETY CONCERNS RESULTED IN A THREE-MONTH CLOSURE OF THE CENTERS TO PREPARE AND ENSURE CENTER FOR DISEASE CONTROL COMPLIANCE WITH THE PHYSICAL WORKSPACE AND FUTURE SERVICE PLANS. STAFF QUICKLY PIVOTED TO A NEW STRATEGY OF REMOTE AND VIRTUAL SERVICES.

THE CENTERS CONTINUE TO 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 WEEKLY EMPLOYER RECRUITMENT EVENTS, TO CONNECT JOB SEEKERS WITH EMPLOYERS IN NEED OF WORKERS. RECRUITMENT EVENTS ARE PRIMARILY HELD VIRTUALLY WITH EMPLOYERS, AND JOB SEEKERS HAVE ACCESS TO THE CENTERS AND RESOURCES FOR CONNECTIONS AND SUPPORT. GOODWILL ALSO COLLABORATES WITH OTHER LOCAL ORGANIZATIONS TO CONNECT CENTER CUSTOMERS TO ADDITIONAL RESOURCES, INCLUDING DRIVER'S LICENSE RECOVERY PROGRAMS, COUNSELING, BENEFITS ASSISTANCE, AND HELP WITH HOUSING AND OTHER CONCERNs. TOGETHER, THESE CENTERS PROVIDED SERVICES TO ALMOST 6,000

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PEOPLE IN 2020. SIMILAR GOODWILL-OPERATED CENTERS IN RACINE AND KENOSHA SERVED AN ADDITIONAL 300 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, 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

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EMPLOYER NEED. CULINARY TRAINING IS A COMPREHENSIVE, HANDS-ON PROGRAM IN WHICH STUDENTS PREPARE AND SERVE MEALS TO CUSTOMERS AT GOODWILL'S CAF 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 2020, GOODWILL PROVIDED WORKFORCE DEVELOPMENT SUPPORTS FOR NEARLY 12,000 INDIVIDUALS. THESE SUPPORTS INCLUDED BENEFITS COUNSELING, ANCILLARY VOCATIONAL SERVICES SUCH AS FINANCIAL LITERACY, AND OTHER WORK-RELATED SUPPORTS SUCH AS CHILDCARE CASE MANAGEMENT.

SUPPORTIVE SERVICES

GOODWILL PROVIDED SUPPORTIVE SERVICES IN 2020 TO OVER 14,000 ADULTS THROUGH A VARIETY OF PROGRAMS.

GOODWILL'S DAY SERVICES SUPPORT ADULTS 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. FOLLOWING THE COVID-19 PANDEMIC, GOODWILL'S DAY SERVICES PROGRAMS ADDED VIRTUAL SERVICE OFFERINGS FOR INDIVIDUALS

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WHO WERE UNABLE TO ATTEND IN-PERSON SERVICES. VIRTUAL SERVICES PROVIDE ART ACTIVITIES, FITNESS AND COOKING CLASSES, GAMES AND SOCIAL ACTIVITIES, AND VIRTUAL COMMUNITY OUTINGS. THROUGHOUT 2020, ABOUT 400 INDIVIDUALS WERE SERVED BY GOODWILL'S DAY SERVICES 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. DURING 2020, GOODWILL'S HOME DELIVERED MEALS SERVED MILWAUKEE COUNTY SENIOR CITIZENS WITH OVER 373,000 MEALS DELIVERED TO THEIR HOMES.

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 2020, ALMOST 8,000 PEOPLE IN THE KENOSHA AREA RECEIVED ASSISTANCE FROM THE HOLIDAY HOUSE PROGRAM, WHICH PROVIDES WINTER COATS, TOYS, AND HOLIDAY FOOD BASKETS TO FAMILIES IN

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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 2020, GOODWILL TALENTBRIDGE EMPLOYED ALMOST 2,000 INDIVIDUALS, IN LARGE PART INDIVIDUALS WHO WERE PREVIOUSLY 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, EDUCATION, FINANCE AND BANKING, PROFESSIONAL AND ADMINISTRATIVE, CALL CENTER, 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

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DEVELOPMENT FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES. THE LAUNDRY PROCESSED OVER 4.7 MILLION POUNDS OF LINEN IN 2020.

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES ON FORM W-3

THE NUMBER OF EMPLOYEES ON FORM W-3 IS THE TOTAL EMPLOYEE COUNT FOR THE FILING ORGANIZATION. WHILE GOODWILL IS THE COMMON PAYMASTER FOR ITS AFFILIATES, THE NUMBER OF EMPLOYEES ONLY INCLUDES THE EMPLOYEE COUNT FOR GOODWILL.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW

MEMBERS OF THE AUDIT, RISK AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE FORM AT ITS MAY 26, 2021 COMMITTEE MEETING. IN ADDITION, MEMBERS OF THE FULL BOARD WERE PROVIDED WITH AN ELECTRONIC COPY OF THE FORM ON MAY 26, 2021, PRIOR TO FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

WRITTEN CONFLICT OF INTEREST POLICY

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

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PROPOSED TRANSACTION, WHETHER THE TRANSACTION REFLECTS FAIR MARKET VALUE,
HAS NO BEARING ON THE RELATIONSHIP, AND IS IN THE BEST INTEREST OF THE
ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION DETERMINATION

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.

FORM 990, PART VI, SECTION C, LINE 18:

PUBLIC AVAILABILITY

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

FORM 990, PART VI, SECTION C, LINE 19:

REFER TO NARRATIVE LISTED FOR LINE 18.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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LEASED EMPLOYEES:

<u>PROGRAM SERVICE EXPENSES</u>	7,183,632.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	0.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	7,183,632.

PROFESSIONAL FEES:

<u>PROGRAM SERVICE EXPENSES</u>	1,373,161.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	1,113,914.
<u>FUNDRAISING EXPENSES</u>	10,885.
<u>TOTAL EXPENSES</u>	2,497,960.

CONSULTING FEES:

<u>PROGRAM SERVICE EXPENSES</u>	52,144.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	864,841.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	916,985.

CONTRACTED SERVICES:

<u>PROGRAM SERVICE EXPENSES</u>	42,247.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	700,905.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	743,152.

MEMBERSHIP FEES:

<u>PROGRAM SERVICE EXPENSES</u>	19,279.
<u>MANAGEMENT AND GENERAL EXPENSES</u>	265,463.
<u>FUNDRAISING EXPENSES</u>	600.

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

<u>TOTAL EXPENSES</u>	285,342.
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TEMPORARY STAFFING:

<u>PROGRAM SERVICE EXPENSES</u>	47,527.
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	116,002.
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<u>FUNDRAISING EXPENSES</u>	0.
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<u>TOTAL EXPENSES</u>	163,529.
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MEDICAL SUPPLIES:

<u>PROGRAM SERVICE EXPENSES</u>	74,388.
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	79,981.
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<u>FUNDRAISING EXPENSES</u>	0.
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<u>TOTAL EXPENSES</u>	154,369.
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TUITION REIMBURSEMENT:

<u>PROGRAM SERVICE EXPENSES</u>	0.
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<u>MANAGEMENT AND GENERAL EXPENSES</u>	51,841.
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<u>FUNDRAISING EXPENSES</u>	0.
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<u>TOTAL EXPENSES</u>	51,841.
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<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	11,996,810.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

<u>PAYROLL TAX CREDIT ALLOCATION</u>	2,408,355.
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<u>UNREALIZED SWAP INTEREST</u>	-793,258.
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<u>INTERCOMPANY ALLOCATION</u>	-497,105.
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<u>IMPAIRMENT LOSS</u>	-3,856,919.
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<u>INTERCOMPANY GRANT</u>	-33,705.
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<u>TOTAL TO FORM 990, PART XI, LINE 9</u>	-2,772,632.
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Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.Employer identification number
39-0808491PART IV, LINE 22SPECIFIC ASSISTANCE TO INDIVIDUALS: \$313,723GOODWILL WORKS IN A JOINT EFFORT WITH SOCIAL SERVICE AGENCIES TOPROVIDE INDIVIDUALS AND FAMILIES IN NEED WITH CLOTHING, HOUSEHOLDITEMS, TRANSPORTATION AND JOB-SEEKING MATERIALS.

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
GOODWILL RETAIL SERVICES, INC. - 39-2040239 5400 SOUTH 60TH STREET GREENDALE, WI 53129	SUPPORTING	WISCONSIN	501(C) (3)	LINE 12A, I	GOODWILL SE WI	X
GOODWILL INDUSTRIES OF METRO CHICAGO, INC. - 36-4455490, 5400 SOUTH 60TH STREET, GREENDALE, WI 53129	HUMAN SERVICE	ILLINOIS	501(C) (3)	LINE 7	GOODWILL SE WI	X
GOODWILL MANUFACTURING, INC. - 35-2531359 5400 SOUTH 60TH STREET GREENDALE, WI 53129	HUMAN SERVICE	WISCONSIN	501(C) (3)	LINE 12A, I	GOODWILL SE WI	X

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

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.

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.

**GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.**

Schedule R (Form 990) 2020

39-0808491 Page 3

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?

			Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	X	
b Gift, grant, or capital contribution to related organization(s)		1b	X	
c Gift, grant, or capital contribution from related organization(s)		1c	X	
d Loans or loan guarantees to or for related organization(s)		1d	X	
e Loans or loan guarantees by related organization(s)		1e	X	
f Dividends from related organization(s)		1f	X	
g Sale of assets to related organization(s)		1g	X	
h Purchase of assets from related organization(s)		1h	X	
i Exchange of assets with related organization(s)		1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)		1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)		1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizations(s)		1n	X	
o Sharing of paid employees with related organizations(s)		1o	X	
p Reimbursement paid to related organization(s) for expenses		1p	X	
q Reimbursement paid by related organization(s) for expenses		1q	X	
r Other transfer of cash or property to related organization(s)		1r	X	
s Other transfer of cash or property from related organization(s)		1s	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
GOODWILL INDUSTRIES OF METROPOLITAN (1) CHICAGO, INC.	A		4,480 . FMV	
GOODWILL RETAIL SERVICES, INC.	A	1,224 , 427 .	FMV	
GOODWILL MANUFACTURING, INC.	A	78 , 156 .	FMV	
GOODWILL INDUSTRIES OF METROPOLITAN (4) CHICAGO, INC.	B	658 , 220 .	FMV	
GOODWILL RETAIL SERVICES, INC.	I	23 , 967 .	FMV	
GOODWILL MANUFACTURING, INC.	I	56 , 884 .	FMV	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) GOODWILL RETAIL SERVICES, INC.	J	3,434,628. FMV	
(8) GOODWILL MANUFACTURING, INC.	J	5,035. FMV	
(9) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC.	L	160,048. FMV	
(10) GOODWILL RETAIL SERVICES, INC.	L	11,021,305. FMV	
(11) GOODWILL MANUFACTURING, INC.	L	963,513. FMV	
(12) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC.	N	23,305. FMV	
(13) GOODWILL RETAIL SERVICES, INC.	N	1,622,250. FMV	
(14) GOODWILL MANUFACTURING, INC.	N	85,263. FMV	
(15) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC.	P	1,179,323. FMV	
(16) GOODWILL RETAIL SERVICES, INC.	P	31,885,164. FMV	
(17) GOODWILL MANUFACTURING, INC.	P	418,767. FMV	
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

Part VII Supplemental Information

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

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

OMB No. 1545-0047

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

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

LISA HEIDER

- The books are in the care of ► **5400 SOUTH 60TH STREET – GREENDALE, WI 53129**
- Telephone No. ► **414-847-4200** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box _____ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year **2020** or► tax year beginning _____, and ending _____.

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

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

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

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

Form 8868 (Rev. 1-2020)