

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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)

Room/suite

5400 SOUTH 60TH STREET

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

GREENDALE, WI 53129

F Name and address of principal officer: **JACQUELINE L. HALLBERG**

5400 SOUTH 60TH STREET GREENDALE, WI 53129

D Employer identification number

39-0808491

E Telephone number

(414) 847-4200

G Gross receipts \$ 152,495,216.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.GOODWILLSEW.COM****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1919 **M** State of legal domicile: WI**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: GOODWILL PROVIDES TRAINING, EMPLOYMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES WHO SEEK GREATER INDEPENDENCE.			
	2	Check this box <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)	3	21.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	6,458.	
	6	Total number of volunteers (estimate if necessary)	6	141.	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
			Prior Year	Current Year	
8		Contributions and grants (Part VIII, line 1h)	38,151,189.	48,005,539.	
9		Program service revenue (Part VIII, line 2g)	70,332,141.	70,327,055.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	404,644.	68,935.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,181,598.	723,921.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	112,069,572.	119,125,450.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,084,147.	1,046,603.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	93,403,822.	91,609,385.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 269,733.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,914,565.	7,240,578.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	109,402,534.	99,896,566.	
	19	Revenue less expenses. Subtract line 18 from line 12	2,667,038.	19,228,884.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	151,873,032.	170,147,204.	
	21	Total liabilities (Part X, line 26)	63,687,514.	62,130,526.	
	22	Net assets or fund balances. Subtract line 21 from line 20.	88,185,518.	108,016,678.	

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 HereSignature of officer *Tamara T. Jung*Date **6.28.2018**Type or print name and title **TAMARA T. JUNG** CFO**Paid Preparer Use Only**Print/Type preparer's name
MICHELLE L WEBERPreparer's signature *Michelle Weber*Date **6/18/18**Check ☐ if self-employed PTIN **P00556798**Firm's name ▶ **GRANT THORNTON LLP**Firm's EIN ▶ **36-6055558**Firm's address ▶ **100 E. WISCONSIN AVE. MILWAUKEE, WI 53202**Phone no. **414-289-8200**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 73,033,134 including grants of \$) (Revenue \$ 42,263,691)

ATTACHMENT 2

4b (Code:) (Expenses \$ 17,687,539 including grants of \$ 1,046,603) (Revenue \$ 28,353,700)

ATTACHMENT 3

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses 90,720,673

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
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.	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.	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.	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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.		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.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		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, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		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.	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.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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.	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.		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.		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.	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 140	
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	
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 6,458	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b X	
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 in Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response 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 21		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 21		
b Enter the number of voting members included in line 1a, above, who are independent		
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, or 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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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 in 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?		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? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

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 (or 1024 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 in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
TAMARA T. JUNG 5400 SOUTH 60TH STREET GREENDALE, WI 53129 414-847-4200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES BORRIS DIRECTOR	2.00 0.	X						0.	0.	0.
(2) JACQUELINE M. BOWLES DIRECTOR	2.00 1.00	X						0.	0.	0.
(3) MARY DOWELL DIRECTOR	2.00 0.	X						0.	0.	0.
(4) KAREN G. DUFFY DIRECTOR	2.00 1.00	X						0.	0.	0.
(5) JOHN DZIEWA DIRECTOR	2.00 0.	X						0.	0.	0.
(6) LAURA GOUGH DIRECTOR	2.00 0.	X						0.	0.	0.
(7) MICHELLE D. GREENE DIRECTOR - AS OF 10/2017	2.00 0.	X						0.	0.	0.
(8) BRADLEY KALSCHEUR DIRECTOR	2.00 0.	X						0.	0.	0.
(9) ROBERT J. KLUG BOARD CHAIR	2.00 2.00	X		X				0.	0.	0.
(10) DAVID MARCUS DIRECTOR	2.00 0.	X						0.	0.	0.
(11) MICHELLE MASON DIRECTOR	2.00 1.00	X						0.	0.	0.
(12) TIMOTHY MATTKE FIRST VICE CHAIR & TREASURER	2.00 2.00	X		X				0.	0.	0.
(13) RICHARD A. MEEUSEN DIRECTOR	2.00 1.00	X						0.	0.	0.
(14) THOMAS V. RICHTMAN DIRECTOR	2.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANTHONY ROSS DIRECTOR	2.00 0.	X						0.	0.	0.
(16) MASON ROSS DIRECTOR	2.00 1.00	X						0.	0.	0.
(17) THOMAS R. SAVAGE SECRETARY	2.00 2.00	X		X				0.	0.	0.
(18) IRENE SUDAC SECOND VICE CHAIR	2.00 1.00	X		X				0.	0.	0.
(19) CARL E. VANDER WILT DIRECTOR	2.00 1.00	X						0.	0.	0.
(20) MARILYN VOLLRATH DIRECTOR	2.00 0.	X						0.	0.	0.
(21) CHARLIE WRIGHT, JR. DIRECTOR	2.00 0.	X						0.	0.	0.
(22) JACQUELINE L. HALLBERG PRESIDENT & CEO	40.00 12.00			X				563,193.	0.	37,326.
(23) CHARLES J. STADLER CHIEF OPERATING OFFICER	40.00 12.00			X				336,366.	0.	39,957.
(24) TAMARA T. JUNG CFO/ASST TREASURER	40.00 12.00			X				253,426.	0.	34,303.
(25) JOAN B. FARRELL VP/ASST SECRETARY	40.00 12.00			X				235,318.	0.	31,074.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,724,241.	0.	343,989.
d Total (add lines 1b and 1c)								2,724,241.	0.	343,989.

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 **49**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **20**

[illegible]

1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	1t	1u	1v	1w	1x	1y	1z	1aa	1ab	1ac	1ad	1ae	1af	1ag	1ah	1ai	1aj	1ak	1al	1am	1an	1ao	1ap	1aq	1ar	1as	1at	1au	1av	1aw	1ax	1ay	1az	1ba	1bb	1bc	1bd	1be	1bf	1bg	1bh	1bi	1bj	1bk	1bl	1bm	1bn	1bo	1bp	1bq	1br	1bs	1bt	1bu	1bv	1bw	1bx	1by	1bz	1ca	1cb	1cc	1cd	1ce	1cf	1cg	1ch	1ci	1cj	1ck	1cl	1cm	1cn	1co	1cp	1cq	1cr	1cs	1ct	1cu	1cv	1cw	1cx	1cy	1cz	1da	1db	1dc	1dd	1de	1df	1dg	1dh	1di	1dj	1dk	1dl	1dm	1dn	1do	1dp	1dq	1dr	1ds	1dt	1du	1dv	1dw	1dx	1dy	1dz	1ea	1eb	1ec	1ed	1ee	1ef	1eg	1eh	1ei	1ej	1ek	1el	1em	1en	1eo	1ep	1eq	1er	1es	1et	1eu	1ev	1ew	1ex	1ey	1ez	1fa	1fb	1fc	1fd	1fe	1ff	1fg	1fh	1fi	1fj	1fk	1fl	1fm	1fn	1fo	1fp	1fq	1fr	1fs	1ft	1fu	1fv	1fw	1fx	1fy	1fz	1ga	1gb	1gc	1gd	1ge	1gf	1gg	1gh	1gi	1gj	1gk	1gl	1gm	1gn	1go	1gp	1gq	1gr	1gs	1gt	1gu	1gv	1gw	1gx	1gy	1gz	1ha	1hb	1hc	1hd	1he	1hf	1hg	1hh	1hi	1hj	1hk	1hl	1hm	1hn	1ho	1hp	1hq	1hr	1hs	1ht	1hu	1hv	1hw	1hx	1hy	1hz	1ia	1ib	1ic	1id	1ie	1if	1ig	1ih	1ii	1ij	1ik	1il	1im	1in	1io	1ip	1iq	1ir	1is	1it	1iu	1iv	1iw	1ix	1iy	1iz	1ja	1jb	1jc	1jd	1je	1jf	1jg	1jh	1ji	1jj	1jk	1jl	1jm	1jn	1jo	1jp	1jq	1jr	1js	1jt	1ju	1jv	1jw	1jx	1jy	1jz	1ka	1kb	1kc	1kd	1ke	1kf	1kg	1kh	1ki	1kj	1kk	1kl	1km	1kn	1ko	1kp	1kq	1kr	1ks	1kt	1ku	1kv	1kw	1kx	1ky	1kz	1la	1lb	1lc	1ld	1le	1lf	1lg	1lh	1li	1lj	1lk	1ll	1lm	1ln	1lo	1lp	1lq	1lr	1ls	1lt	1lu	1lv	1lw	1lx	1ly	1lz	1ma	1mb	1mc	1md	1me	1mf	1mg	1mh	1mi	1mj	1mk	1ml	1mm	1mn	1mo	1mp	1mq	1mr	1ms	1mt	1mu	1mv	1mw	1mx	1my	1mz	1na	1nb	1nc	1nd	1ne	1nf	1ng	1nh	1ni	1nj	1nk	1nl	1nm	1nn	1no	1np	1nq	1nr	1ns	1nt	1nu	1nv	1nw	1nx	1ny	1nz	1oa	1ob	1oc	1od	1oe	1of	1og	1oh	1oi	1oj	1ok	1ol	1om	1on	1oo	1op	1oq	1or	1os	1ot	1ou	1ov	1ow	1ox	1oy	1oz	1pa	1pb	1pc	1pd	1pe	1pf	1pg	1ph	1pi	1pj	1pk	1pl	1pm	1pn	1po	1pp	1pq	1pr	1ps	1pt	1pu	1pv	1pw	1px	1py	1pz	1qa	1qb	1qc	1qd	1qe	1qf	1qg	1qh	1qi	1qj	1qk	1ql	1qm	1qn	1qo	1qp	1qq	1qr	1qs	1qt	1qu	1qv	1qw	1qx	1qy	1qz	1ra	1rb	1rc	1rd	1re	1rf	1rg	1rh	1ri	1rj	1rk	1rl	1rm	1rn	1ro	1rp	1rq	1rr	1rs	1rt	1ru	1rv	1rw	1rx	1ry	1rz	1sa	1sb	1sc	1sd	1se	1sf	1sg	1sh	1si	1sj	1sk	1sl	1sm	
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c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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 ▶ 49

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	103,340.			
	d	Related organizations	1d	30,219,601.			
	e	Government grants (contributions) . .	1e	16,896,842.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	785,756.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		48,005,539.			
Program Service Revenue			Business Code				
	2a	PARTICIPANT PROGRAM AND SERVICES	624100	28,279,120.	28,279,120.		
	b	GREAT LAKES PROGRAMS AND SERVICES	561499	42,047,935.	42,047,935.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		70,327,055.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		120,800.			120,800.
	4	Income from investment of tax-exempt bond proceeds .		0.			
	5	Royalties		0.			
			(i) Real	(ii) Personal			
	6a	Gross rents	205,181.				
	b	Less: rental expenses	36,393.				
	c	Rental income or (loss)	168,788.				
	d	Net rental income or (loss)		168,788.			168,788.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses		1,248,135.			
	c	Gain or (loss)		1,300,000.			
	d	Net gain or (loss)		-51,865.			-51,865.
	8a	Gross income from fundraising events (not including \$ 103,340. of contributions reported on line 1c). See Part IV, line 18	a	285,752.			
	b	Less: direct expenses	b	275,752.			
	c	Net income or (loss) from fundraising events. ATCH .6		10,000.			10,000.
	9a	Gross income from gaming activities. See Part IV, line 19	a	4,271.			
	b	Less: direct expenses	b	1,586.			
	c	Net income or (loss) from gaming activities. ATCH .7		2,685.			2,685.
	10a	Gross sales of inventory, less returns and allowances	a	31,971,791.			
	b	Less: cost of goods sold . . ATCH .8	b	31,756,035.			
c	Net income or (loss) from sales of inventory.		215,756.	215,756.			
		Miscellaneous Revenue	Business Code				
11a	CAFETERIA	561499	252,112.			252,112.	
b	CREDIT CARD REBATE	561000	61,203.	61,203.			
c	MISCELLANEOUS INCOME	900099	13,377.	13,377.			
d	All other revenue						
e	Total. Add lines 11a-11d		326,692.				
12	Total revenue. See instructions.		119,125,450.	70,617,391.		502,520.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	630,838.	630,838.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	415,765.	415,765.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,767,236.	593,780.	1,124,614.	48,842.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	209,687.		209,687.	
7 Other salaries and wages	69,112,006.	56,544,502.	12,416,678.	150,826.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,046,555.	1,309,522.	726,267.	10,766.
9 Other employee benefits	12,601,869.	10,879,449.	1,712,177.	10,243.
10 Payroll taxes	5,872,032.	4,904,770.	956,408.	10,854.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	129,610.	55,857.	73,753.	
c Accounting	206,243.		206,243.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,114,154.	5,772,371.	3,314,938.	26,845.
12 Advertising and promotion	1,861,922.	147,043.	1,714,879.	
13 Office expenses	4,065,509.	3,852,184.	210,135.	3,190.
14 Information technology	1,311,402.	256,638.	1,052,847.	1,917.
15 Royalties	0.			
16 Occupancy	2,732,653.	1,169,615.	1,562,438.	600.
17 Travel	1,895,038.	1,639,571.	255,118.	349.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	463,182.	121,159.	336,722.	5,301.
20 Interest	1,296,778.	3,540.	1,293,238.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,361,769.	435,871.	2,925,898.	
23 Insurance	571,619.	429,712.	141,907.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATED MANAGEMENT FEES	-16,419,928.		-16,419,928.	
b ALLOCATED OCCUPANCY	-2,873,608.	2,034,251.	-4,907,859.	
c ALLOCATED STAFFING	-475,765.	-475,765.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	99,896,566.	90,720,673.	8,906,160.	269,733.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck 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	22,544,423.	2	30,889,309.
	3 Pledges and grants receivable, net	206,262.	3	57,392.
	4 Accounts receivable, net	8,575,981.	4	9,297,906.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	637,767.	8	628,246.
	9 Prepaid expenses and deferred charges	1,248,088.	9	788,174.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 191,190,135.		
	b Less: accumulated depreciation.	10b 80,091,453.	10c	111,098,682.
	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	903,752.	15	17,387,495.
16 Total assets. Add lines 1 through 15 (must equal line 34)	151,873,032.	16	170,147,204.	
Liabilities	17 Accounts payable and accrued expenses	14,030,309.	17	15,336,535.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	472,250.	19	838,382.
	20 Tax-exempt bond liabilities	44,971,383.	20	42,687,010.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	1,455,199.	24	976,438.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,758,373.	25	2,292,161.
	26 Total liabilities. Add lines 17 through 25	63,687,514.	26	62,130,526.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	87,695,470.	27	107,681,208.
	28 Temporarily restricted net assets	490,048.	28	335,470.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	88,185,518.	33	108,016,678.
	34 Total liabilities and net assets/fund balances	151,873,032.	34	170,147,204.

Part XI Reconciliation of Net AssetsCheck 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	119,125,450.
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,896,566.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,228,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,185,518.
5	Net unrealized gains (losses) on investments	5	98,983.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-10,000.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	513,293.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,016,678.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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?	3a	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 in Schedule O and describe any steps taken to undergo such audits.	3b	X

Form **990** (2017)

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

2017

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,223,217.	41,359,590.	41,112,635.	38,151,189.	48,005,539.	211,852,170.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	43,223,217.	41,359,590.	41,112,635.	38,151,189.	48,005,539.	211,852,170.
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).						113,298,407.
6 Public support. Subtract line 5 from line 4						98,553,763.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	43,223,217.	41,359,590.	41,112,635.	38,151,189.	48,005,539.	211,852,170.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	639,475.	733,222.	310,276.	319,281.	325,981.	2,328,235.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) - D.T.C.H. 1	232,281.	253,456.	339,006.	354,111.	290,023.	1,468,877.
11 Total support. Add lines 7 through 10						215,649,282.
12 Gross receipts from related activities, etc. (see instructions)					12	511,159,000.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	45.70 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	48.12 %
16a 33 1/3 % support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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"/>

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
FUNDRAISING ACTIVITIES	232,281.	248,148.	334,015.	349,476.	285,752.	1,449,672.
GAMING ACTIVITIES		5,308.	4,991.	4,635.	4,271.	19,205.
TOTALS	<u>232,281.</u>	<u>253,456.</u>	<u>339,006.</u>	<u>354,111.</u>	<u>290,023.</u>	<u>1,468,877.</u>

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization

GOODWILL INDUSTRIES OF SOUTHEASTERN
WISCONSIN, INC.

Employer identification number

39-0808491

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization **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		\$ 1,291,031.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,392,111.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 30,219,601.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,082,903.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,769,966.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,758,981.	Person <input checked="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		\$ 5,195,849.	Person <input checked="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.)
		\$	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.)

Employer identification number
39-0808491

Part II

[illegible]

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

Employer identification number
39-0808491

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

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

Employer identification number

39-0808491

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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 (e.g., 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

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

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

Schedule D (Form 990) 2017

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Temporarily restricted endowment %

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

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

- (i) unrelated organizations ☐
 (ii) related organizations ☐

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

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,629,786.		30,629,786.
b Buildings		128,641,121.	57,622,175.	71,018,946.
c Leasehold improvements				
d Equipment		23,612,839.	18,814,119.	4,798,720.
e Other		8,306,389.	3,655,159.	4,651,230.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 111,098,682.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM GW MANUFACTURING	16,269,215.
(2) 457 (B) PLAN	687,880.
(3) DUE FROM GW RETAIL SERVICES	223,294.
(4) DUE FROM GW METRO CHICAGO	207,106.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,387,495.

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	953,202.
	(3) 457B PLAN LIABILITY	687,880.
	(4) OBLIG. UNDER CAPITAL LEASES	529,962.
	(5) VEHICLES REFUNDABLE ADVANCE	121,117.
	(6)	
	(7)	
	(8)	
	(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		2,292,161.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

1		1	153,071,701.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	98,983.
b	Donated services and use of facilities	2b	30,308.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	33,816,960.
e	Add lines 2a through 2d	2e	33,946,251.
3	Subtract line 2e from line 1	3	119,125,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	119,125,450.

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

Complete if the organization answered "Yes" on Form 990, Part VII, line 12a:			1	133,141,464.
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	30,308.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	33,816,960.	
e	Add lines 2a through 2d			2e 33,847,268.
3	Subtract line 2e from line 1			3 99,294,196.
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	602,370.	
c	Add lines 4a and 4b			4c 602,370.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 99,896,566.

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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

LIABILITY FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

PART X

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

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

THE 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.

Part XIII Supplemental Information (continued)

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 2014 THROUGH 2017. TAX YEARS OPEN UNDER STATE OF WISCONSIN AND STATE OF ILLINOIS STATUTES INCLUDE 2013 THROUGH 2017.

RECONCILIATION OF REVENUE

PART XI

LINE 2D

RENTAL EXPENSES	36,393
FUNDRAISING EVENT EXPENSES	275,752
GAMING EXPENSES	1,586
COST OF GOODS SOLD	31,756,035
INTERCOMPANY CONTRACTED SERVICES	453,725
INTERCOMPANY TEMPORARY HELP	1,293,469

TOTAL	33,816,960

RECONCILIATION OF EXPENSES

PART XII

LINE 2D

RENTAL EXPENSES	36,393
FUNDRAISING EVENT EXPENSES	275,752
GAMING EXPENSES	1,586

Part XIII Supplemental Information *(continued)*

COST OF GOODS SOLD	31,756,035
INTERCOMPANY CONTRACTED SERVICES	453,725
INTERCOMPANY TEMPORARY HELP	1,293,469

TOTAL	33,816,960

LINE 4B

UNREALIZED SWAP INTEREST	513,293
ALLOCATED OCCUPANCY VARIANCE	89,077

TOTAL	602,370

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number
39-0808491

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RETRO EVENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	389,092.			389,092.
	2 Less: Contributions	103,340.			103,340.
	3 Gross income (line 1 minus line 2)	285,752.			285,752.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	53,913.			53,913.
	8 Entertainment	80,996.			80,996.
	9 Other direct expenses	140,843.			140,843.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				275,752.
	11 Net income summary. Subtract line 10 from line 3, column (d)				10,000.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number

39-0808491

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO 5400 SOUTH 60TH STREET GREENDALE, WI 53129	36-4455490	501 (C) (3)	630,838.				GRANT - SEE FORM 990
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MERCHANDISE VOUCHERS	13,820.		345,495.	FMV	MERCHANDISE VOUCHER
2 CLOTHING FOR JOB INTERVIEWS	72.		2,816.	FMV	CLOTHING
3 TRANSPORTATION FOR JOB INTERVIEWS	1.		22.	FMV	TRANSPORTATION
4 STIPENDS FOR PROGRAM ACHIEVEMENTS	42.	64,525.			
5 PARTICIPANT INCENTIVES	5.		393.	FMV	MISCELLANEOUS
6 JOB SEEKING MATERIALS	15.		2,514.	FMV	MISCELLANEOUS
7					

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

MONITORING PROCEDURES

PART I, LINE 2

GOODWILL PROVIDES ASSISTANCE TO INDIVIDUALS AND FAMILIES EXPERIENCING

HARDSHIP EITHER DIRECTLY OR THROUGH OTHER SOCIAL SERVICE AGENCIES.

GOODWILL AND AGENCY REPRESENTATIVES DISTRIBUTE MERCHANDISE VOUCHERS THAT

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

JOB-SEEKING SUPPORT FROM GOODWILL STORES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number

39-0808491

Part I Questions Regarding Compensation

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

☐ First-class or charter travel
☐ Travel for companions
☐ Tax indemnification and gross-up payments
☐ Discretionary spending account

☐ Housing allowance or residence for personal use
☐ Payments for business use of personal residence
☒ Health or social club dues or initiation fees
☐ 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee
☒ Independent compensation consultant
☐ Form 990 of other organizations

☐ Written employment contract
☒ Compensation survey or study
☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a	X	
5b	X	
6a	X	
6b	X	
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JACQUELINE L. HALLBERG	(i)	458,949.	96,137.	8,107.	20,850.	16,476.	600,519.	0.
1PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
CHARLES J. STADLER	(i)	280,821.	41,675.	13,870.	20,850.	19,107.	376,323.	0.
2CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
TAMARA T. JUNG	(i)	222,800.	29,852.	774.	23,998.	10,305.	287,729.	0.
3CFO/ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
JOAN B. FARRELL	(i)	204,904.	29,040.	1,374.	18,183.	12,891.	266,392.	0.
4VP/ASST SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
DANIEL S. DEPIES	(i)	160,793.	40,505.	740.	15,808.	18,428.	236,274.	0.
5VP/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN J. LOOS	(i)	212,755.	29,938.	1,374.	18,830.	18,514.	281,411.	0.
6VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
PATRICIA A. BOELTER-MUN	(i)	206,717.	29,840.	6,750.	18,672.	10,079.	272,058.	0.
7VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINE E. BROOKS	(i)	192,209.	27,503.	178.	17,377.	19,103.	256,370.	0.
8VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
KENT A. WALTERS	(i)	170,127.	47,165.	348.	17,056.	18,508.	253,204.	0.
9VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MATUS	(i)	181,889.	25,429.	1,678.	16,098.	12,856.	237,950.	0.
10VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

HEALTH AND SOCIAL CLUB DUES

PART I, LINE 1A

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

LEADERSHIP INCENTIVE PLAN

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

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., AND AFFILIATES ("GOODWILL") PROVIDES AN INCENTIVE PLAN FOR CERTAIN MANAGEMENT PERSONNEL. THE PURPOSE OF GOODWILL'S LEADERSHIP INCENTIVE PLAN ("PLAN") IS TO MOTIVATE EXECUTIVES TO ACHIEVE MISSION-RELATED OBJECTIVES AND TO PRODUCE MEASURABLE FINANCIAL RESULTS, WHICH WILL ENHANCE GOODWILL'S LONG-TERM VALUE TO THE COMMUNITIES SERVED AND WILL PROMOTE THE FINANCIAL SECURITY AND STABILITY OF THE ORGANIZATION. THE PLAN INCLUDES FINANCIAL PERFORMANCE GOALS BASED ON REVENUE AND NET INCOME. THE PLAN IS ADMINISTERED BY GOODWILL'S PRESIDENT WITH REVIEW AND APPROVAL BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

LAND AND BUILDING EXPANSION

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.

OMB No. 1545-0047

2017

Open to Public
Inspection

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

Employer identification number
39-0808491

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855		12/20/2012	13,500,000.	LAND AND BUILDING EXPANSION		X		X		X
B WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855		11/25/2014	10,000,000.	LAND AND BUILDING EXPANSION 2014A		X		X		X
C WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855		11/25/2014	2,500,000.	LAND AND BUILDING EXPANSION 2014B		X		X		X
D WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855		11/25/2014	17,000,000.	LAND AND BUILDING EXPANSION 2014C		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,825,000.		1,660,000.		415,000.		1,165,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	13,500,000.		10,000,000.		2,500,000.		17,000,000.	
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								
10 Capital expenditures from proceeds	9,489,000.						17,000,000.	
11 Other spent proceeds	3,905,000.		10,000,000.		2,500,000.			
12 Other unspent proceeds								
13 Year of substantial completion	2012		2014		2014		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		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

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

JSA 7E1295 1.000

Schedule K (Form 990) 2017

**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.

LAND AND BUILDING EXPANSION

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **GOODWILL INDUSTRIES OF SOUTHEASTERN**

WISCONSIN, INC.

Employer identification number

39-0808491

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH AND EDUCATIONAL FACILITIES	39-1337855		11/25/2014	6,565,000.	LAND AND BUILDING EXPANSION 2014D		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,490,000.							
2 Amount of bonds legally defeased								
3 Total proceeds of issue	6,565,000.							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	6,565,000.							
12 Other unspent proceeds								
13 Year of substantial completion	2014							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

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

JSA 7E1295 1.000

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)**LAND AND BUILDING EXPANSION**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
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 nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	X		X		X		X	
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	US BANK		US BANK		US BANK		US BANK AND PNC BANK	
c Term of hedge	10.000		10.000		10.000		10.000	
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X

Part III Private Business Use (Continued)**LAND AND BUILDING EXPANSION**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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						
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						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
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						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?	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							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
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

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?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

<p>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?</p>	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						

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

DESCRIPTION OF PURPOSE PART I, COLUMN F

DURING 2012, THE FILING ORGANIZATION ISSUED A NEW BOND TO PARTIALLY
REFUND A 2002 BOND. DURING 2014, THE ORGANIZATION ISSUED THREE NEW BONDS
TO REFUND 2005 AND 2009 BONDS. THE FUNDS PRODUCED BY THESE ISSUED BONDS
WERE USED TO FINANCE LAND AND BUILDING EXPANSION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Employer identification number
39-0808491

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ► \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ► \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELIZABETH MCNALLY	FAMILY OF DIRECTOR	209,687.	ENTITY PAID WAGES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

PART IV

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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SPECIFIC ASSISTANCE TO INDIVIDUALS

PART IV, LINE 22

SPECIFIC ASSISTANCE TO INDIVIDUALS: \$424,736 GOODWILL WORKS IN A JOINT
EFFORT WITH SOCIAL SERVICE AGENCIES TO PROVIDE INDIVIDUALS AND FAMILIES
IN NEED WITH CLOTHING, HOUSEHOLD ITEMS, TRANSPORTATION AND JOB-SEEKING
MATERIALS.

FORM 990 REVIEW

PART VI, LINE 11A

MEMBERS OF THE AUDIT, RISK AND COMPLIANCE COMMITTEE OF THE BOARD OF
DIRECTORS REVIEWED THE FORM AT ITS JUNE 13, 2018 COMMITTEE MEETING. IN
ADDITION, MEMBERS OF THE FULL BOARD WERE PROVIDED WITH AN ELECTRONIC COPY
OF THE FORM ON JUNE 18, 2018, PRIOR TO FILING OF THE FORM 990.

WRITTEN CONFLICT OF INTEREST POLICY

PART VI, LINE 12

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

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

COMPENSATION DETERMINATION

PART VI, LINE 15

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

PUBLIC AVAILABILITY

PART VI, LINES 18 AND 19

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

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OTHER CHANGES IN NETS ASSETS OR FUND BALANCES

PART XI, LINE 9

UNREALIZED SWAP INTEREST \$513,293

ATTACHMENT 1

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

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

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. WAS FORMED IN
1919 AND IS A WISCONSIN NONSTOCK, NOT-FOR-PROFIT CORPORATION WITH
501(C)(3) STATUS. IT IS THE SOLE CORPORATE MEMBER OF FOUR OTHER

Name of the organization GOODWILL INDUSTRIES OF SOUTHEASTERN
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ATTACHMENT 1 (CONT'D)

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

NOT-FOR-PROFIT ENTITIES: GOODWILL RETAIL SERVICES, INC.; GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO, INC.; GOODWILL MANUFACTURING, INC.; AND GOODWILL TALENTBRIDGE, LLC. EACH OF THE CORPORATIONS FILES A SEPARATE FORM 990; THE LIMITED LIABILITY COMPANY REPORTS ITS INCOME AND EXPENSES ON GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.'S FORM 990. GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN AND ITS AFFILIATED CORPORATIONS COMPOSE ONE OF THE LARGEST OF 162 INDEPENDENT GOODWILL ORGANIZATIONS IN NORTH AMERICA. THE COMBINED SOUTHEASTERN WISCONSIN GOODWILL ENTITIES OFFER PROGRAMS AND SERVICES AT 94 LOCATIONS AND SERVED 62,173 PEOPLE IN 2017.

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

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ATTACHMENT 1 (CONT'D)

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

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.

AT NAVAL STATION GREAT LAKES, GOODWILL PROVIDES FOOD, LOGISTICS, AND
ADMINISTRATIVE SERVICES FOR THE UNITED STATES NAVY THROUGH THE
ABILITYONE PROGRAM, WHICH PROVIDES WORK OPPORTUNITIES AND SKILL
DEVELOPMENT FOR INDIVIDUALS WITH SEVERE DISABILITIES.

GOODWILL'S MISSION SERVICES BUSINESS 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. THIS IS
ACCOMPLISHED THROUGH TRAINING, EMPLOYMENT SERVICES, WORKFORCE
DEVELOPMENT SUPPORTS, AND SUPPORTIVE SERVICES.

IN 2017, GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., THE
PARENT CORPORATION:

- EMPLOYED 2,652 PEOPLE - 701 WERE PEOPLE WITH DISABILITIES (AS OF
DECEMBER 31, 2017).
- PROVIDED SERVICES TO 50,918 PEOPLE.
- PLACED PEOPLE INTO 8,302 EMPLOYMENT OPPORTUNITIES.
- SERVED 8.6 MILLION MEALS TO UNITED STATES NAVY SAILORS AND

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ATTACHMENT 1 (CONT'D)

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

RECRUITS.

- SERVED OR DELIVERED 364,661 MEALS TO SENIOR CITIZENS.
- SUPPLIED NEEDY FAMILIES WITH \$347,245 IN VOUCHERS (10,899
TRANSACTIONS) FOR USEFUL MERCHANDISE FROM GOODWILL STORES.
- MAINTAINED CARF, ISO 9001, AND HEALTH CARE LAUNDRY ACCREDITATION
COUNCIL (HLAC) ACCREDITATIONS AND NATIONAL ASSOCIATION FOR
INFORMATION DESTRUCTION (NAID) CERTIFICATION.

ATTACHMENT 2

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

GOODWILL GREAT LAKES

GOODWILL PROVIDES FOOD SERVICE, ADMINISTRATIVE SERVICES, AND
LOGISTICS SUPPORT TO THE UNITED STATES NAVY AT NAVAL STATION GREAT
LAKES IN ILLINOIS. THIS PROGRAM PROVIDES WORK OPPORTUNITIES AND
SKILL DEVELOPMENT FOR INDIVIDUALS WITH SIGNIFICANT DISABILITIES
THROUGH THE ABILITYONE PROGRAM. COMPETITIVE WAGES AND BENEFITS,
TRAINING, AND AN OPPORTUNITY FOR CAREER ADVANCEMENT ARE OFFERED TO
THIS DIVERSE WORKFORCE, WHICH INCLUDES INDIVIDUALS WITH VISUAL
IMPAIRMENT, HEARING IMPAIRMENT, DEVELOPMENTAL DISABILITIES,
LEARNING DISABILITIES, PHYSICAL DISABILITIES, OR MENTAL ILLNESS.
IN 2017, GOODWILL GREAT LAKES SERVED 8.6 MILLION MEALS TO U.S.
NAVY SAILORS AND RECRUITS. AT THE END OF 2017, GOODWILL GREAT
LAKES EMPLOYED 781 PEOPLE, 576 OF WHOM WERE PEOPLE WITH
SIGNIFICANT DISABILITIES. DURING THE COURSE OF 2017, GOODWILL
GREAT LAKES SERVED 767 INDIVIDUALS WITH DISABILITIES.

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ATTACHMENT 2 (CONT'D)

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 BECOME TAXPAYING CITIZENS WITHIN THEIR COMMUNITIES. GOODWILL PROVIDES SUPPORT TO THIS WORKFORCE THROUGH ACCOMMODATIONS AND TRAINING.

GOODWILL'S EXPERIENCE IN REHABILITATION ENABLES THE ORGANIZATION TO PROVIDE APPROPRIATE ACCOMMODATIONS TO ENSURE THAT INDIVIDUALS WITH SIGNIFICANT DISABILITIES ARE ABLE TO PERFORM THEIR ASSIGNED JOB FUNCTIONS. SOME EXAMPLES OF ACCOMMODATIONS ARE CHANGES IN WORK SCHEDULE OR JOB FUNCTION TO ACCOMMODATE DISABILITY-RELATED ISSUES, INTERPRETERS FOR THE HEARING IMPAIRED, AND MOBILITY TRAINING FOR PEOPLE WITH VISUAL IMPAIRMENT OR PHYSICAL DISABILITIES. DURING 2017, 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

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ATTACHMENT 2 (CONT'D)

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.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

MISSION SERVICES

GOODWILL'S MISSION SERVICES UNIT HELPS PROGRAM PARTICIPANTS PREPARE FOR SUCCESSFUL EMPLOYMENT AND ACHIEVE GREATER INDEPENDENCE BY DEVELOPING AND DELIVERING A BROAD RANGE OF SERVICES DESIGNED TO MEET THE NEEDS OF INDIVIDUALS WITH DISABILITIES OR DISADVANTAGES. GOODWILL'S MISSION SERVICES PROVIDES TRAINING, EMPLOYMENT SERVICES, WORKFORCE DEVELOPMENT SUPPORTS, AND SUPPORTIVE SERVICES IN SEVERAL COMMUNITIES IN SOUTHEASTERN WISCONSIN, INCLUDING MILWAUKEE, WAUKESHA, RACINE AND KENOSHA. DURING 2017, THE MISSION SERVICES PROGRAMS OF GOODWILL PROVIDED SERVICES TO 45,760 INDIVIDUALS AND PLACED PEOPLE INTO 3,233 JOBS IN THE COMMUNITY.

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ATTACHMENT 3 (CONT'D)

EMPLOYMENT SERVICES

IN 2017, GOODWILL PROVIDED EMPLOYMENT SERVICES TO INDIVIDUALS IN SOUTHEASTERN WISCONSIN. THESE SERVICES INCLUDE COMMUNITY AND SUPPORTED EMPLOYMENT, EVALUATION SERVICES, JOB PLACEMENT, MENTORING, INTERNSHIPS, AND SKILLS TRAINING.

GOODWILL OPERATED FOUR WORKFORCE CONNECTION CENTERS AS WELL AS ACCESS POINTS AT A WOMEN'S SHELTER, HOMELESS SHELTER, AND PUBLIC LIBRARIES DURING 2017 IN SOUTHEASTERN WISCONSIN. THE CENTERS PROVIDE FREE JOB SEARCH AND SUPPORT SERVICES TO THE GENERAL PUBLIC, REGARDLESS OF INCOME OR OTHER QUALIFYING CRITERIA. THESE CENTERS WERE DEVELOPED TO HELP INDIVIDUALS WHO ARE UNEMPLOYED OR UNDEREMPLOYED FIND AND KEEP JOBS. WORKFORCE CONNECTION CENTER STAFF PROVIDE ASSISTANCE THROUGHOUT THE JOB SEARCH PROCESS, INCLUDING RESUME DEVELOPMENT, JOB APPLICATIONS, COMPUTER ACCESS, JOB-SEARCH STRATEGIES, AND ACCESS TO RESOURCES NEEDED TO SUSTAIN EMPLOYMENT. THE WORKFORCE CONNECTION CENTERS HOST SEVERAL EMPLOYER ON-SITE EVENTS EACH MONTH TO CONNECT JOB-SEEKERS WITH EMPLOYERS IN NEED OF WORKERS. GOODWILL ALSO COLLABORATES WITH OTHER LOCAL ORGANIZATIONS TO CONNECT CENTER CUSTOMERS TO ADDITIONAL RESOURCES, INCLUDING DRIVER'S LICENSE RECOVERY PROGRAMS, COUNSELING, BENEFITS ASSISTANCE, AND HELP WITH HOUSING AND OTHER CONCERNS. TOGETHER, THESE CENTERS PROVIDED SERVICES TO 15,467 PEOPLE IN 2017. SIMILAR GOODWILL-OPERATED CENTERS IN RACINE AND KENOSHA SERVED AN ADDITIONAL 2,582 PEOPLE.

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ATTACHMENT 3 (CONT'D)

GOODWILL HAS BEEN A PARTNER SINCE 1989 IN THE KENOSHA COUNTY JOB CENTER, 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. CASE MANAGEMENT SERVICES INCLUDE PROGRAM ORIENTATION, ASSESSMENT, DEVELOPMENT OF EMPLOYABILITY PLANS, EMPLOYMENT COUNSELING, JOB SEEKING SKILLS, GROUP AND INDIVIDUAL JOB SEARCH ACTIVITIES, AND REFERRALS TO COMMUNITY PARTNERS FOR AGENCY SERVICES AND ADULT EDUCATION.

GOODWILL'S WORK SERVICES PROGRAM OFFERS SHORT-TERM, ON-THE-JOB TRAINING FOR INDIVIDUALS WITH SIGNIFICANT AND MULTIPLE DISABILITIES TO HELP THEM PREPARE FOR JOBS IN THE COMMUNITY. OUR ENVIRONMENT INCORPORATES AUTOMATION, HIGH EXPECTATIONS, AND A WORKFORCE OF PEOPLE WITH AND WITHOUT DISABILITIES, REFLECTING MANUFACTURING EMPLOYMENT OUTSIDE OF GOODWILL. DURING 2017, WORK SERVICES PROVIDED SERVICES TO 120 INDIVIDUALS WITH DISABILITIES AT TWO FACILITIES IN MILWAUKEE COUNTY.

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

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ATTACHMENT 3 (CONT'D)

AS WELL AS INSTRUCTION IN EMPLOYER EXPECTATIONS, WORKPLACE
BEHAVIOR, AND INTERPERSONAL SKILLS. JOB PLACEMENT AND RETENTION
SERVICES ENSURE THAT GOODWILL GRADUATES ARE SUCCESSFULLY PLACED.
JOB COACHES PROVIDE ON-SITE GUIDANCE TO NEWLY PLACED GOODWILL
PROGRAM PARTICIPANTS TO ENSURE SUCCESSFUL INTEGRATION INTO THE
WORKPLACE ENVIRONMENT.

OUR TRAINING SERVICES ARE CUSTOMIZED TO MEET SPECIFIC INDUSTRY OR
EMPLOYER NEED. CULINARY TRAINING IS A COMPREHENSIVE, HANDS-ON
PROGRAM IN WHICH STUDENTS PREPARE AND SERVE MEALS TO 150-200
CUSTOMERS PER DAY AT GOODWILL'S CAFÉ 1919 IN THE JAMES O. WRIGHT
CENTER ON THE NORTHWEST SIDE OF MILWAUKEE. CUSTODIAL TRAINING
PREPARES INDIVIDUALS FOR WORK IN ENVIRONMENTAL SERVICES. CUSTOMER
SERVICE TRAINING PROGRAMS PREPARE INDIVIDUALS FOR CUSTOMER SERVICE
POSITIONS ACROSS A VARIETY OF INDUSTRIES INCLUDING HEALTHCARE AND
RETAIL. GOODWILL IS IN THE PROCESS OF DEVELOPING TRAINING THAT
WILL HELP MEET THE NEEDS OF LOCAL EMPLOYERS AND SECURE
PARTICIPANTS ENTRY-LEVEL JOBS IN MANUFACTURING OR LOGISTICS. OTHER
TRAINING PROGRAMS INCLUDE EX-OFFENDER JOB RE-ENTRY AND URBAN
OUTREACH IN THE KENOSHA AREA. IN 2017, GOODWILL WORKFORCE
DEVELOPMENT TRAINING PROGRAMS SERVED 1,199 INDIVIDUALS.

WORKFORCE DEVELOPMENT SUPPORTS

IN 2017, GOODWILL PROVIDED WORKFORCE DEVELOPMENT SUPPORTS FOR
5,205 INDIVIDUALS. THESE SUPPORTS INCLUDED BENEFITS COUNSELING,
ANCILLARY VOCATIONAL SERVICES (FINANCIAL LITERACY AND TAX

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ATTACHMENT 3 (CONT'D)

PREPARATION SERVICES), AND OTHER WORK-RELATED SUPPORTS SUCH AS
CHILD CARE CASE MANAGEMENT.

SUPPORTIVE SERVICES

GOODWILL PROVIDED SUPPORTIVE SERVICES IN 2017 TO 19,679 ADULTS AND
SENIORS THROUGH A VARIETY OF PROGRAMS.

GOODWILL'S DAY SERVICES SUPPORT ADULTS AND SENIORS WITH
DEVELOPMENTAL DISABILITIES 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. LIFE SKILLS DEVELOPMENT
TARGETS YOUNGER ADULTS AND IS INTENDED AS A SKILL-BUILDING BRIDGE
TO EMPLOYMENT PROGRAMS. DURING 2017, 405 INDIVIDUALS WERE SERVED
BY GOODWILL'S DAY SERVICE, COMMUNITY OPPORTUNITIES CLUBS, AND LIFE
SKILLS DEVELOPMENT PROGRAMS.

GOODWILL'S COMMUNITY SERVICES HELP IMPROVE THE QUALITY OF LIFE FOR
SENIORS AND THEIR FAMILIES. COMMUNITY SERVICES PROVIDES SUPPORT
FOR PEOPLE WHO FIND IT DIFFICULT TO WORK OR CANNOT PARTICIPATE IN
GOODWILL'S EMPLOYMENT PROGRAMS DUE TO INCREASING AGE OR POOR
HEALTH. GOODWILL OFFERS PROGRAMS THAT ASSIST SENIORS IN
MAINTAINING THEIR INDEPENDENCE, WITH THE GOAL OF DECREASING
PREMATURE AND UNNECESSARY INSTITUTIONALIZATION. THESE PROGRAMS

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ATTACHMENT 3 (CONT'D)

INCLUDE CASE MANAGEMENT, HOME DELIVERED MEALS, AND THE FOSTER
GRANDPARENT PROGRAM.

THE CASE MANAGEMENT UNIT PROVIDES LONG-TERM CARE MANAGEMENT
(INTAKE, ASSESSMENT, PLANNING FOR SERVICE DELIVERY, ONGOING
SUPPORT TO MEMBERS AND THEIR FAMILIES, AND CASE MONITORING) FOR
3,426 PEOPLE WHO HAVE PHYSICAL OR DEVELOPMENTAL DISABILITIES OR
ARE FRAIL ELDERLY. DURING 2017, GOODWILL'S HOME DELIVERED MEALS
SERVED MILWAUKEE COUNTY SENIOR CITIZENS WITH 364,661 MEALS
DELIVERED TO THEIR HOMES.

GOODWILL'S TEAM AT THE KENOSHA COUNTY JOB CENTER PROVIDES A NUMBER
OF OTHER SUPPORTIVE SERVICES, INCLUDING COORDINATING THE VOLUNTEER
GUARDIANSHIP PROGRAM, PARTNERING WITH OTHER AGENCIES TO ADDRESS
THE ACUTE STAFFING SHORTAGES OF LONG-TERM CARE WORKERS SERVING THE
ELDERLY AND INDIVIDUALS WITH DISABILITIES, 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. IN 2017, 6,392
PEOPLE IN THE KENOSHA AREA RECEIVED ASSISTANCE FROM THE HOLIDAY
HOUSE PROGRAM, WHICH PROVIDES WINTER COATS, TOYS, AND HOLIDAY FOOD
BASKETS TO NEEDY FAMILIES.

GOODWILL TALENTBRIDGE, LLC

GOODWILL'S OWN RECRUITING AND STAFFING SERVICE, GOODWILL

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ATTACHMENT 3 (CONT'D)

TALENTBRIDGE, IS THE LATEST ELEMENT IN GOODWILL'S WORKFORCE DEVELOPMENT PLATFORM. 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 2017, GOODWILL TALENTBRIDGE ISSUED 4,195 W-2S AND PAID ALMOST \$15.3 MILLION IN WAGES, IN LARGE PART TO INDIVIDUALS WHO HAD PREVIOUSLY BEEN UN- OR UNDER-EMPLOYED.

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

LAUNDRY

GOODWILL PERFORMS LAUNDRY SERVICES FOR FEDERAL CUSTOMERS SUCH AS

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

THE NAVY AND DEPARTMENT OF VETERANS AFFAIRS HOSPITALS. IN 2017,
GOODWILL'S LAUNDRY EMPLOYED NEARLY 60 INDIVIDUALS WITH SIGNIFICANT
DISABILITIES WORKING THROUGH THE ABILITYONE PROGRAM.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GREAT LAKES RESOURCES INC. 702 E. WASHINGTON MADISON, WI 53701	TEMP STAFFING AGENCY	3,298,294.
FIRST STUDENT, INC. 705 CENTRAL AVE, SUITE 300 CINCINNATI, OH 45202	TRANSPORTATION SVCS	669,475.
LAMMI SPORTS MANAGEMENT, INC. 161 S 1ST STREET, SUITE 320 MILWAUKEE, WI 53201	PROVIDE SPORTS CELEB	469,312.
WESTERN BILINGUAL EMPLOYMENT LLC 3111 W NATIONAL AVENUE MILWAUKEE, WI 53215	TEMP STAFFING AGENCY	459,783.
NOBLE DIAGNOSTICS, INC. 19525 JANACEK COURT, SUITE 103 BROOKFIELD, WI 53045	EMPLOYMENT SCREENING	351,543.

ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	103,340.
TOTAL	<u>103,340.</u>

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

Employer identification number
39-0808491

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FUNDRAISING EVENTS	285,752.	275,752.	10,000.
TOTALS	<u>285,752.</u>	<u>275,752.</u>	<u>10,000.</u>

ATTACHMENT 7

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GAMING EVENTS	4,271.	1,586.	2,685.
TOTALS	<u>4,271.</u>	<u>1,586.</u>	<u>2,685.</u>

ATTACHMENT 8

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	31,971,791.
INVENTORY AT BEGINNING OF YEAR	372,587.
PURCHASES	31,743,642.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	<u>32,116,229.</u>
MINUS ENDING INVENTORY	360,194.
COST OF GOODS SOLD	<u>31,756,035.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number

39-0808491

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) GOODWILL TALENTBRIDGE, LLC 27-1303707 5400 SOUTH 60TH STREET GREENDALE, WI 53129	STAFFING	WI	21,000,763.	-12081316.	GOODWILL SEW
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GOODWILL RETAIL SERVICES, INC. 39-2040239 5400 SOUTH 60TH STREET GREENDALE, WI 53129	SUPPORTING	WI	501(C)(3)	12B	GW SEW	X	
(2) GOODWILL INDUSTRIES OF METRO CHICAGO, INC 36-4455490 5400 SOUTH 60TH STREET GREENDALE, WI 53129	HUMAN SERVICE	IL	501(C)(3)	07	GW SEW	X	
(3) GOODWILL MANUFACTURING, INC 35-2531359 5400 SOUTH 60TH STREET GREENDALE, WI 53129	HUMAN SERVICE	WI	501(C)(3)	10	GW SEW	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) GWMEG, INC 39-2040242 5400 SOUTH 60TH STREET GREENDALE, WI 53129	PKG & ASSEMB	WI	GOODWILL SE WI	C CORP	0.	0.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	X	
b Gift, grant, or capital contribution to related organization(s).	X	
c Gift, grant, or capital contribution from related organization(s).	X	
d Loans or loan guarantees to or for related organization(s).		X
e Loans or loan guarantees by related organization(s).		X
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).	X	
k Lease of facilities, equipment, or other assets from related organization(s).		X
l Performance of services or membership or fundraising solicitations for related organization(s).	X	
m Performance of services or membership or fundraising solicitations by related organization(s).		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	X	
o Sharing of paid employees with related organization(s).	X	
p Reimbursement paid to related organization(s) for expenses.	X	
q Reimbursement paid by related organization(s) for expenses.	X	
r Other transfer of cash or property to related organization(s).		X
s Other transfer of cash or property from related organization(s).		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO	A	4,280.	FMV
(2) GOODWILL RETAIL SERVICES, INC.	A	1,063,212.	FMV
(3) GOODWILL MANUFACTURING, INC.	A	72,854.	FMV
(4) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO	B	630,838.	FMV
(5) GOODWILL RETAIL SERVICES, INC.	C	30,219,601.	FMV
(6) GOODWILL RETAIL SERVICES, INC.	J	4,489,625.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	

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
(1) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO	L	143,299.	FMV
(2) GOODWILL RETAIL SERVICES, INC.	L	11,842,830.	FMV
(3) GOODWILL MANUFACTURING, INC.	L	3,293,453.	FMV
(4) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO	N	23,923.	FMV
(5) GOODWILL RETAIL SERVICES, INC.	N	1,670,320.	FMV
(6) GOODWILL MANUFACTURING, INC.	N	1,287,228.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	
b Gift, grant, or capital contribution to related organization(s).	1b	
c Gift, grant, or capital contribution from related organization(s).	1c	
d Loans or loan guarantees to or for related organization(s).	1d	
e Loans or loan guarantees by related organization(s).	1e	
f Dividends from related organization(s).	1f	
g Sale of assets to related organization(s).	1g	
h Purchase of assets from related organization(s).	1h	
i Exchange of assets with related organization(s).	1i	
j Lease of facilities, equipment, or other assets to related organization(s).	1j	
k Lease of facilities, equipment, or other assets from related organization(s).	1k	
l Performance of services or membership or fundraising solicitations for related organization(s).	1l	
m Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	
o Sharing of paid employees with related organization(s).	1o	
p Reimbursement paid to related organization(s) for expenses.	1p	
q Reimbursement paid by related organization(s) for expenses.	1q	
r Other transfer of cash or property to related organization(s).	1r	
s Other transfer of cash or property from related organization(s).	1s	

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
(1) GOODWILL INDUSTRIES OF METROPOLITAN CHICAGO	P	1,362,978.	FMV
(2) GOODWILL RETAIL SERVICES, INC.	P	21,390,791.	FMV
(3) GOODWILL MANUFACTURING, INC.	P	1,573,035.	FMV
(4) GOODWILL MANUFACTURING, INC.	Q	10,042,644.	FMV
(5)			
(6)			

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

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

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

JSA

Part VII Supplemental Information

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

SHARING OF PAID EMPLOYEES

PART V, LINE 10

THE ORGANIZATION HAS ANSWERED YES TO THIS TRANSACTION RELATED TO THE
SHARING OF PAID EMPLOYEES WITH RELATED ORGANIZATIONS DUE TO DISCLOSURES
ELSEWHERE ON THE FORM 990 AND RELATED SCHEDULES. AMOUNTS HAVE BEEN
INCLUDED IN LINE 1P - REIMBURSEMENT PAID TO RELATED ORGANIZATIONS.

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

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

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/efile, click on Charities & Non-Profits, and click on *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	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC.	39-0808491
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	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) **01**

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

TAMARA T. JUNG

- 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 EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2017 or

► ☐ tax year beginning _____, 20____, and ending _____, 20____.

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

☐ Change in accounting period

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.

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

Form **8868** (Rev. 1-2017)