EXTENDED TO NOVEMBER 15, 2022

Form **990**

132001 12-09-21

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	For the	2021 calendar year, or tax year beginning and	enaing					
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addres	GOODWILL MANUFACTURING, INC.						
	Name change			35-25313				
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 6055 N 91ST STREET	Room/suite	E Telephone numbe				
L_	lreturn/ termin- ated			G Gross receipts \$	2,579,295.			
Г	Amend			H(a) Is this a group re				
F	return Applic		3	for subordinates				
_	tion pendin	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
1	Tax-exe	empt status: X 501(c)(3)	or 527		list. See instructions			
		e: GOODWILLSEW.COM		H(c) Group exemption	n number			
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2015	M State of legal domicile: WI			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: PROV	IDES T	RAINING, EM	PLOYMENT &			
ce		SUPPORTIVE SERVICES TO PEOPLE WITH DISABI	LITIE	S OR DISADVA	NTAGES			
Governance	2	Check this box if the organization discontinued its operations or dispose			sets.			
Ver	3			3	5			
တိ		Number of independent voting members of the governing body (Part VI, line 1b)			5			
Š	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	123			
Activities	6	Total number of volunteers (estimate if necessary)			6			
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12						
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······································					
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		326,473.	14.			
	9	Program service revenue (Part VIII, line 2g)		1,196,272.	2,540,732.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124,634.	3,069. 35,480.			
æ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,123,037.	2,579,295.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,770,416.	2,519,295.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		3,672,336.	3,099,399.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,6/2,336.	3,099,399.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	1			
XDe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	3,175,895.	2,890,275.			
Ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,848,231.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-4,077,815.	-3,410,379.			
		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
Sor	DCB		B	11,912,944.	3,795,340.			
sset	20	Total assets (Part X, line 16)		33,145,199.	28,437,974.			
Net Assets o	21	Total liabilities (Part X, line 26)	·····-	-21,232,255	-24,642,634.			
	art II	Net assets or fund balances. Subtract line 21 from line 20		21,232,233	,,			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best of m	y knowledge and belief, it is			
und	uer pena	uties of perjury, I declare that I have examined this return, including accompanying schedule of, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	,			
true	e, correc	it, and complete. Declaration of preparer former than officer) is based on an information of w	orr propero	l l l l l l l l l l l l l l l l l l l				
C:		Signature of officer	1-0	Date 6/2	1/2022			
Sig		JEFFREY DOCALAVICH, CFO	hul	6/24	1/2022			
He	re	Type or print name and title		- <u>1</u>				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	id	Masurad.	Digitally signed b Date: 2022.06.01	y Michelle L Weber if 12:37:39 -05'00' self-emplo	P00556798			
	parer	Firm's name GRANT THORNTON LLA		Firm's EIN	36-6055558			
	e Only	Firm's address 100 E. WISCONSIN AVE.						
Uat	o only	MILWAUKEE, WI 53202		Phone no.41	L4-289-8200			
Ma	v the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			
1410	-y IV II	TO GOOD TO THE TOTAL TOT						

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	GOODWILL MANUFACTURING, INC. ("GOODWILL MANUFACTURING") IS A NONSTOCK,
	NOT-FOR-PROFIT WISCONSIN CORPORATION, WHOSE SOLE MEMBER IS GOODWILL
	INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. ("GOODWILL"), A WISCONSIN
	NONSTOCK, NOT-FOR-PROFIT CORPORATION WITH (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$5,126,425. including grants of \$) (Revenue \$2,540,732.)
	GOODWILL MANUFACTURING OPERATIONS CREATES EMPLOYMENT OPPORTUNITIES FOR
	LOCAL RESIDENTS, MANY WITH DISABILITIES OR DISADVANTAGES.
	GOODWILL OPERATES A COMMERCIAL LAUNDRY ON THE NORTHWEST SIDE OF
	MILWAUKEE WHICH HOLDS ACCREDITATION FROM THE HEALTH CARE LAUNDRY
	ACCREDITATION COUNCIL (HLAC). IN 2021, GOODWILL MANUFACTURING'S LAUNDRY
	OPERATION PROCESSED 2.5 MILLION POUNDS OF LAUNDRY AND PROVIDED ON-SITE
	LINEN SERVICES TO LOCAL HEALTHCARE PROVIDERS. GOODWILL ALSO OPERATES A
	RECYCLING PROGRAM IN RACINE PROCESSING 5,300 TONS. THE LAUNDRY AND
	RECYCLING OPERATIONS PROVIDE WORK OPPORTUNITIES AND SKILL DEVELOPMENT
	FOR INDIVIDUALS WITH DISABILITIES AND DISADVANTAGES/OTHER BARRIERS TO
	EMPLOYMENT.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
70	(Code:) (expenses \$\sqrt{\text{code}} \tag{\text{including grains of \$\sqrt{\text{code}}} \tag{} \tag{\text{Nevertice \$\sqrt{\text{code}}} \tag{}
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,126,425.
	Form 990 (2021)

Form 990 (2021) GOODWILL MANUFACTURING, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	l °		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		,,		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2021) GOODWILL MANUFACTURING, INC.

Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 (# "Yes," complete Schedule () Part I and if I 20 in the organization aware "art to Part IVI, Section A, line 34, or 6, a shout compensation of the organization scurrent and former offices, directions, frustees, key employees, and injented compensation employees?" (# "Yes," complete Schedule III and		Continued)		Yes	No
Part X. column (A), line 2? (if "ves," complete Schedule I, Parts Land III 20 Did the organization sourcers" sets 1 Part IVI, Section A, line 3.4, a.15, about compensation of the organization sourcers and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 28 Did the organization in twee at ax exempt bonds sew with an auditariding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrayer lines 26th through 24th and complete Schedule K, If "No," go to line 25s. 24a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
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, trustess, key employees, and highest compensated employees? 24 Proposition 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 24th mough 24d and complete Schedule K. If "No." yo to line 25e 24 Did the organization marks are proceeds of fize-exempt bonds beyond a temporary period exception? 24 Did the organization marks and proceeds of fize-exempt bonds beyond a temporary period exception? 25 Did the organization marks and an excrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year' 24d 24d 25c 3ection 50(145), 3501(146), 440 and 550(1280) argumatizations. Did the organization are seen that the transaction has not been reported on any of the organization prior Forms 900 or 900-E27 if "Yes," complete Schedule L, Part I " 25b X. X. X. X. Y. X.			22		Х
and former officers, directions, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule II. Part IV. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the list day of the year, that was sixued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If "Yes," an year lines 24b through 24d and complete Schedule II. If "Yes," an year lines 24b through 24d and complete Schedule II. If "Yes," an year lines 24b through 24d and complete Schedule II. If "Yes," any of the organization maintain an ecorow account other than a refunding second at any time during the year? 24d 24d 24d 24d 24d 24d 24d 25a Section 501(x)3, 501(x)4, and 501(x)20 organizations. Did the organization engage in an excess benefit transaction with a discussified person during the year? 25b 25c 25d 25	23				
Schedule / I. Wo. "go to line 25a					
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 24th through 24th and complete Schedule K. If "We," go to line 25s b Did the organization markstain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 27d 28d 28d Did the organization markstain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 28d 28d Did the organization available of person during the year? 28d 28d Did the organization with a disqualified person during the year? If Yes, "complete Schedule L, Part I 28d Dis the organization avare 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 organizations prior Forms 80 or 990.E27 If "Yes," complete Schedule L, Part I 28d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former efficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Controlled entity for laminy mamber of any of threes persons? If "Yes," complete Schedule L, Part II 28d Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28d Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28d Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. 29d Did the organization receive more than \$25,000 in non-cash contributions? If		·	23	Х	
Schedule K. If "No." yo to fine 25a. \$24b\$ \$2b\$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? 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 organizations prior forms 900 or 909E27 "If "Yes," complete Schedule L, Part I	24a				
Schedule K. If "No." yo to fine 25a. \$24b\$ \$2b\$ Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person timing the year? 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 organizations prior forms 900 or 909E27 "If "Yes," complete Schedule L, Part I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Saction 501(c/3), 901(c/3) and 501(c/30) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'ves,' complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 E-27 If 'ves,' complete Schedule I, Part I 25b X 25b X 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'ves,' complete Schedule I, Part II 25b X 28 Was the organization party to a business transaction with one of the following parties (see the Schedule I, Part II 27b X X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part II 27b X X 28 Was the organization receive thereof or family member of any of these persons? If 'ves,' complete Schedule I, Part IV 27b X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'ves,' complete Schedule I, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'ves,' complete Schedule I, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'ves,' complete Schedule II 27b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'ves,' complete Schedule II 27b X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conser			24a		X
any tax-exempt bonds? d Did the organization act as an 'on behalf or' issuer for bonds outstanding at any time during the year? 24d 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 I, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit ansaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a X 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranily member of any of these persons? If 'Yes,' complete Schedule I, Part II 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (Including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 25c X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part III 27 X 28c	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 255 Section 501(28), 501(44), and 501(42)92 organizations. Did the organization engage in an excess benefit transaction with a discualified person during the year? if "Yes," complete Schedule L, Part I 25 Is the organization aware that it engaged in an excess benefit transaction with a discualified person in a prior year, and that the transaction has not been reported on any of the organization is provided by the property of the proparation of the proparation in the transaction with a discualified person in a prior year, and that the transaction has not been reported on any of the organization sport on the proparation of the proparation of the proparation provide as prant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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 "Sea" 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 spiror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II "Sea" VI "Yes," complete Schedule II line 28a or 280° II "Yes," complete Schedule II line 28a or 280° II "Yes," complete Schedule II line 28a or 280° II "Yes," complete Schedule II line 28a or 280° II "Yes," complete Schedule II line 28a or 280° II "Yes," complete Schedule II line VI "Yes," complet					——
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware 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 II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization in eleven wore than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 501(c)(3) organization. Part V, Iine 2 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulation			24d		
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 980 or 990-E27 "Pres," complete Schedule L, Part I 250 bil the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity (including an employee thereof) or farmily member of any of these persons? If "Yes," complete Schedule L, Part III 26	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		, , ,	25a		<u> </u>
Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization periode a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X 32 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.77013? If "Yes," complete Schedule R, Part I III, III, or IV, and Part V, III or 35 Did the orga	b				
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			051		v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization included, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, Iline 1 34 Was the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2 35 Did the organization have a controlled entit	06	·	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	20				
Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or a fary of these persons? if "res," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization in evidence contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 38 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 39 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 39 Did the organization 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, Iine 2 30 Did the organization organization organization make any transfer			26		x
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II. 27	27	, , ,	20		
entitly (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV					
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization in exceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, IIne 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? 38 Did the organization complete Schedule O		· · · · · · · · · · · · · · · · · · ·	27		Х
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? ## "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## "Yes," complete Schedule L, Part IV. 28b X 28b X 28b X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? ## "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? ## "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? ## "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? ## "Yes," complete Schedule N, Part II. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization related to any tax-exempt or taxable entity? ## "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b ## "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)? ## "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? ## "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A A A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A A S5% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 II 32 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 II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization or schedule O for Part VI, line 110 and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax					
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, IIII, or IV, and Part V, Iline 1 33 B Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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, Iline 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, Iline 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number of Forms W-26 included on line 1a. Enter -0 if not appli	а				
b A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 29 X 20 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 28 X 29 X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax exempt or taxable entity? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization of section 512(b)(13)? "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 If "Yes," complete Schedule R, Part V, line 2 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 10 The organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Statements Regarding Other IRS Filings and Tax Compliance Check if			28a		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 II 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Did the organization comply with block on line 1a. Enter -0 if not applicable C Did the organization comply with block on line 1a. Enter -0 if not applicable C Did the organization comply with block on line 1a. Enter -0 if	b		28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30					
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1. 33			28c		
contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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 Section 501(c)(3) organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 To 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 Bid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Check if Schedule O contains a response or note to any line in this Part V Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Cpid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O modelete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI Intensify Intens		contributions? If "Yes," complete Schedule M			
Schedule N, Part II 32			31		_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	32	, · ·			v
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	20	,	32		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 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 V I 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable 2 b Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable 3 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	33		22		x
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1b C X	34		33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 V! 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	J -1		34	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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 36 X X X			35b		
If "Yes," complete Schedule R, Part V, line 2 36	36				
27 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			36		X
Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the form 1096. Enter -0- if not applicable for the number of Forms W-2G included on line 1a. Enter -0- if not applicable for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? No Schedule O for Part VI, lines 11b and 19? The image of Part VI is a state of the part VI is and 19? Yes No is a state of the part VI is an and 19? Yes No is a state of the part VI is an an	37				
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 38 X Yes Yes No 1a 7 1b 0 1b 0 1b 0 1c X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Check if Schedule O contains a response or note to any line in this Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X			38	X	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No Yes No To Did Ho Organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Pai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 b Enter the number of Forms W-2G included on 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		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		Ш
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X					
(gambling) winnings to prize winners?		Enter the number of Fermi W Za moldada of line 14. Enter of in not applicable			
	С		4.	y	
	13300				(2021)

GOODWILL MANUFACTURING 35-2531359 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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.

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 Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form **990** (2021)

Х

X

X

12a

13a

14b

16

GOODWILL MANUFACTURING, INC. 35-2531359 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶WI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request X Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

LISA HEIDER - 414-847-4200 6055 N 91ST STREET, MILWAUKEE, WI 53225

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(44.0		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	(do not check more t box, unless person is			n is both an		compensation	compensation from related	amount of
	week	-	officer and a director/trustee)				tee)	from		other
	(list any	recto						the	organizations	compensation
	hours for related	or di	fee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	npen		1099-NEC)	1099-NEC)	and related
	below	dualt	utiona	_	Key employee	st co	er	13551125,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JACQUELINE HALLBERG	2.00									
PRESIDENT & CEO	50.00			Х				0.	540,493.	35,312
(2) JEFFREY DOCALAVICH	2.00									
ASST. TREASURER	50.00			Х				0.	320,059.	37,201
(3) STEVEN LOOS	0.00									
FORMER ASST. SECRETARY	40.00	<u> </u>					Х	0.	305,187.	42,685
(4) BASIL BUCHKO	2.00									
ASST. SECRETARY	50.00	lacksquare		Х				0.	256,222.	34,081
(5) ROBERT KLUG	1.00	ļ								
CHAIR	3.00	Х		Х				0.	0.	0.
(6) RICHARD MEEUSEN	1.00	┦		l						
VICE CHAIR	2.00	Х		Х				0.	0.	0.
(7) THOMAS SAVAGE	1.00	┨							_	
SECRETARY	3.00	Х		Х				0.	0.	0 .
(8) IRENE SUDAC	1.00	٠,		٦,					_	
TREASURER	4.00	Х		Х				0.	0.	0.
(9) MICHELLE GREENE	1.00	X							0.	_
DIRECTOR - AS OF 2/2021	2.00	╇						0.	0.	0.
		-								
		+-								
		-								
		+								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								

Form **990** (2021)

35-2531359

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is both	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)		Estimated amount of other compensation from the organization		of tion e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)			l	d relate	
1b	Subtotal							>	0.	1,421,9	61.	14:	9,2	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re	0.	1,421,9 000 of reportabl	61.	14:	9 , 2 '	0. 79. 0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> . For any individual listed on line 1a, is the su	<i>uch individual</i> ım of reportabl	 e cc	 mpe	 ensa	tion	and	oth	ner compensation from t	he organization		3	Х	NO
5 Sec	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	X	Х
1	Complete this table for your five highest countered the organization. Report compensation for (A) Name and business	the calendar ye	ear e		ng w					ear.		tion fro (C Compe		—— n
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lir	nited	d to	thos (_	ted	above) who received mo	ore than		_	990 <i>(</i> (2004)

			Check if Schedule O contains a response	or note to any lin	oo in this Bart VIII			
			Check if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1		Federated campaigns 1a		_			
ira oui			Membership dues 1b		_			
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events 1c					
Sift Iar		d	Related organizations 1d					
s, (imi		е	Government grants (contributions) 1e					
ion r S		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	14.				
rt.		g	Noncash contributions included in lines 1a-1f 1g \$					
Col		h	Total. Add lines 1a-1f		14.			
				Business Code				
ø	2	а	PARTICIPANT PRGM/SVCS	624100	2,540,732.	2,540,732.		
vic	_	b			, , , , ,	, , , , ,		
Ser		c						
m S		d						
gra Re		u						
Program Service Revenue		•	All other program service revenue					
_			Total. Add lines 2a-2f		2,540,732.			
	3		Investment income (including dividends, intere		2,340,7320			
	3				3,069.			3,069.
	4		other similar amounts)		3,003.			3,003.
	4 5				34,942.			34,942.
	3		Royalties(i) Real	(ii) Personal	34,342.			34,342.
	_	_		(ii) i cisoriai	-			
			Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	_			
			assets other than inventory 7a		_			
		b	Less: cost or other basis					
ıne			and sales expenses 7b					
Revenue		С	Gain or (loss)7c					
Re		d	Net gain or (loss)	<u> </u>				
her	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10k					
		С	Net income or (loss) from sales of inventory					
ß				Business Code				
e e	11	а	MISCELLANEOUS REVENUE	900099	538.			538.
ane		b						
Miscellaneous Revenue		С			ļ			
Mis			All other revenue					
_		е	Total. Add lines 11a-11d		538.	0 540 500		20 512
	12		Total revenue. See instructions	<u></u>	2,579,295.	∠,54U,732.	0.	38,549.

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

D.c.	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 405 640			
7	Other salaries and wages	2,435,618.	2,435,618.		
8	Pension plan accruals and contributions (include	121 601	121 601		
	section 401(k) and 403(b) employer contributions)	131,601.	131,601.		
9	Other employee benefits	347,995.	347,995.		
10	Payroll taxes	184,185.	184,185.		
11	Fees for services (nonemployees):				
a	Management	61.	61.		
b	Legal	01.	01.		
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	319,050.	319,050.		
	column (A), amount, list line 11g expenses on Sch 0.)	319,030.	319,030.		
12	Advertising and promotion	324,889.	324,889.		
13	Office expenses	10,618.	10,618.		
14 45	Information technology	10,010.	10,010.		
15 16	Royalties	287,094.	287,094.		
16 17	Occupancy	175,626.	175,626.		
17 40	Payments of travel or entertainment expenses	173,020	175,020.		
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	14,312.	14,312.		
19 20	· · · · · · · · · · · · · · · · · ·	1,542.	1,542.		
20 21	Payments to affiliates	_,512•	_,		
2 I 22	Depreciation, depletion, and amortization	345,060.	345,060.		
23	Insurance	41,543.	41,543.		
24	Other expenses. Itemize expenses not covered	==,0=31	==,===		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ALLOCATED MANAGEMENT	863,249.		863,249.	
a b	ALLOCATED OCCUPANCY	507,231.	507,231.	000,240	
C	INDECEMBED OCCUPANCE	, 202 •	201,202		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,989,674.	5,126,425.	863,249.	0
<u>26</u>	Joint costs. Complete this line only if the organization	-,,	-, == -, == -,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.		
	2	Savings and temporary cash investments			2,931,438.	2	938,368.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			201,272.	4	508,294.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons	0.	5	0.
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described i	0.	6	0.		
ß	7	Notes and loans receivable, net	0.	7	0.		
Assets	8	Inventories for sale or use			0.	8	0.
ğ	9				251,987.	9	785,664.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,085,960. 1,275,348.			
	b	Less: accumulated depreciation	1,141,516.	10c	810,612.		
	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		7,386,731.	15	752,402.	
	16	Total assets. Add lines 1 through 15 (must equal			11,912,944.	16	3,795,340.
	17	Accounts payable and accrued expenses			408,273.	17	1,442,777.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue			0.	19	0.
	20	Tax-exempt bond liabilities			0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
es	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substan			0.	-00	0
Liak		controlled entity or family member of any of these			0.	22	0.
	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated t		Г	0.	24	0.
	25	Other liabilities (including federal income tax, payar parties, and other liabilities not included on lines 1					
		of Schedule D	17-24)	. Complete Part X	32,736,926.	25	26,995,197.
	26				33,145,199.	26	28,437,974.
	20	Organizations that follow FASB ASC 958, check		a N X	33,143,133.	20	20,437,374.
Se		and complete lines 27, 28, 32, and 33.	K HEIV				
ŭ	27				-21,232,255.	27	-24,642,634.
3ale	28	Net assets with donor restrictions		28			
βE		Organizations that do not follow FASB ASC 958					
Ξ		and complete lines 29 through 33.	-,				
þ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			-21,232,255.	32	-24,642,634.
~	33	Total liabilities and net assets/fund balances			11,912,944.	33	3,795,340.
	J	וייים וומטווונופט מווע וופנ מסספנס/ועווע שמומוונפס			/J-0/J	00	07,75,75

Form **990** (2021)

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization GOODWILL MANUFACTURING, 35-2531359 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) GOODWILL INDUSTRIES 39-0808491 OF SE WI, X 0

0.

Schedule A (Form 990) 2021 GOODWILL MANUFACTURING, INC. 35-2531

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•	'	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	, ,	, ,	, ,			
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	_
	First 5 years. If the Form 990 is for the	•	,			· ·	
	organization, check this box and stop						
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2020. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not d				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on lin			
	more, and if the organization meets the	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	· >
				<u>-</u>		Schedule A	(Form 990) 2021

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		· ·	•	. , . , .	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - **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.)

		Yes	No
	4	х	
	1	Λ	
	_		X
	2		Λ
	За		Х
	- Gu		
	3b		
	3с		
	4a		X
	4b		
	4c		
	5a		Х
	5b		
	5c		
	6		X
	7		X
	8		Х
	J		
	9a		Х
	9b		X
	9с		Х
	30		
	10a		Х
	10b		
عاد	A (Forn	n 990)	2021

Pa	rt IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		Х
b	A fam	illy member of a person described on line 11a above?	11b		Х
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		Х
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		X
Sec	tion (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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		r		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
		, , , , , , , , , , , , , , , , , , ,			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l ' I	Na
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
~		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continue	ed)	<u> </u>
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
<u>b</u>	From 2017				
c	From 2018				
<u>d</u>	From 2019				
e	From 2020				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> </u>	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
С	Excess from 2019				

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

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

Inspection

Name of the organization

GOODWILL MANUFACTURING, INC. **Employer identification number** 35-2531359

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	organization anomored 100 on 10111 000, 1 arriv, into	(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 w	riting that the assets held in don	or advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other p	urpose conferr	ing
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on For	m 990, Part IV	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (for example, recreat	ion or education) Preserv	vation of a histo	orically important land area
	Protection of natural habitat	Preserv	vation of a cert	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	ne form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	•		
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminate	d by the organi	zation during the tax
_	year >			
4	Number of states where property subject to conservation easi	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the peri		· ·	Yes No
6	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emore	ing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing o	onsorvation oa	coments during the year
′	\$	ing of violations, and emorcing of	oriservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sect	ion 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnotest		•	
	organization's accounting for conservation easements.	oto to the organization o imanolar		at december the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures	, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue stat	ement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or resea	rch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes the	ese items.	•
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue stateme	ent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	n in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L A
2	If the organization received or held works of art, historical trea	sures, or other similar assets for	financial gain,	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

	COODWITTI	MANITE A COULD THE	TMC
' 1	GOODWILL	MANUFACTURING,	TINC

		L MANUFACT							31359	
Par	t III Organizations Maintaining C	ollections of Ar	rt, Histori	cal Tre	asures, o	r Othe	r Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, check an	y of the fo	ollowing that	make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	(d Loa	an or exch	nange progra	am				
b	Scholarly research	•	e 🗌 Oth	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further the	e organizatio	n's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, histor	rical treas	ures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arrang		lete if the or	ganizatior	n answered '	"Yes" on	Form 99	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi								_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:				1		
									Amount	
С	Beginning balance						. <u>1c</u>			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						ity?	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i			T					() [
		(a) Current year	(b) Prio	r year	(c) Two yea	rs dack	(d) Inree	years back	(e) Four ye	ears back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•		olumn (a))	held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c short	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that ar	e neid an	d administer	ed for tr	ie organiz	ation	[v	es No
	by:									62 140
	(i) Unrelated organizations								3a(i)	
L	(ii) Related organizations								3a(ii)	
4									3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		willelit lulic	15.						
1 4.	Complete if the organization answered		0 Part IV lir	ne 11a Se	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or o	<u> </u>	(b) Cost			ccumulat	od	(d) Book v	value.
	Description of property	basis (investi		basis (preciation	l l	(u) book (raiue
10	Land	,		220,0 (30				
	Land Buildings	I		1 47	8,579.		756,6	35.	721	,944.
	Buildings Leasehold improvements			<u> </u>	- , - , - , ·		, 0		, 4 1	, ,
	Equipment	I		60'	7,381.		518,7	13.	8.8	,668.
	Other	I		- 50	. ,				30	, 555.
	. Add lines 1a through 1e. (Column (d) must e		V column /	(D) line 10)o)			•	810	,612.
. J.ul		quai i Ullii 330, Fäll	A. COIGITIII (<u>או שווו ויי</u> י	,,					<u> </u>

Schedule D (Form 990) 2021

		NUFACTURING, I	INC. 3	5-2531359 _{Page} 3
Part VII				
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
Part VIII	_	on Form 000 Dort IV line 1	11. Con Form 000 Port V line 12	
	Complete if the organization answered "Yes"		(c) Method of valuation: Cost or e	nd of year market value
	(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of e	nd-oi-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				
<u>(8)</u> (9)				
	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 1	1d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) RC	OU ASSETS	·		752,402.
(2)				,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		752,402.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	JE TO AFFILIATED GOODWIL:	LS		26,002,985.
(3) LE	LASE LIABILITIES			992,212.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Coli	imn (h) must equal Form 990. Part X. col. (R) line	25))	▶ 26,995,197.

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

Schedule D (Form 990) 2021

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Ret	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total r	revenue, gains, and other support per audited financial statements			1	2,458,985.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	nrealized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b			
С		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	2,458,985.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	120,310.		
С	Add lir	nes 4a and 4b			4c	120,310.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,579,295.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ments With	Expenses per R	eturn	l .
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total e	expenses and losses per audited financial statements			1	5,869,364.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	vear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	5,869,364.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	120,310.		
С	Add lir	nes 4a and 4b			4c	120,310.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,989,674.
Pa	rt XIII	Supplemental Information.				

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

GOODWILL TALENTBRIDGE, LLC HAS BEEN ORGANIZED AS A LIMITED LIABILITY COMPANY AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. ALL INCOME TAX ATTRIBUTES OF THE ENTITY ARE PASSED THROUGH TO ITS SOLE

Schedule D (Form 990) 2021

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. AS OF DECEMBER
31, 2021 AND 2020, GOODWILL DOES NOT BELIEVE THERE IS ANY UNCERTAINTY WITH
RESPECT TO ITS TAX POSITIONS.

GOODWILL FILES INFORMATION RETURNS IN THE U.S. FEDERAL AND THE STATES OF
WISCONSIN AND ILLINOIS JURISDICTIONS. TAX YEARS OPEN UNDER THE FEDERAL
STATUTE OF LIMITATIONS INCLUDE 2018 THROUGH 2021. TAX YEARS OPEN UNDER THE
STATE OF WISCONSIN AND STATE OF ILLINOIS STATUTES INCLUDE 2017 THROUGH
2021. GOODWILL HAD NOT HISTORICALLY FILED ANY UNRELATED BUSINESS INCOME
TAX ("UBIT") RETURNS BUT FILED IN 2018 FOR FEDERAL AND THE STATES OF
WISCONSIN AND ILLINOIS JURISDICTIONS. DUE TO TAX REFORM LEGISLATION, THE
FEDERAL AND ILLINOIS UBIT RETURNS HAVE BEEN AMENDED TO OBTAIN REFUNDS OF
INCOME TAX PAYMENTS MADE ON UBIT REPEALED BY LEGISLATION. THE ORGANIZATION
FILED UBIT RETURNS FOR 2019 AND 2020 FOR WISCONSIN, BUT DOES NOT PLAN TO
FILE SUCH RETURN FOR 2021. TAX YEARS REMAIN OPEN FOR YEARS IN WHICH A UBIT

132055 10-28-21

Schedule D (Form 990) 2021 GOODWILL MANUFACTURING, INC. Part XIII Supplemental Information (continued)	35-2531359 Page 5
Part XIII Supplemental Information (continued)	
RETURN HAS NOT BEEN FILED.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
	100.010
WAXDALE MARGIN	120,310.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
WAXDALE MARGIN	120,310.

SCHEDULE J (Form 990)

Compensation Information

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

Open to Public

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

GOODWILL MANUFACTURING, INC. 35-2531359
t I Questions Regarding Compensation

			Yes	No
1 a	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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a	X	
b	Any related organization?	5b	Х	
	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:			
а	The organization?	6a	Х	
b	Any related organization?	6b	Х	
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JACQUELINE HALLBERG	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT & CEO	(ii)	530,168.	0.	10,325.	22,450.	12,862.	575,805.	0.	
(2) JEFFREY DOCALAVICH	(i)	0.	0.	0.	0.	0.	0.	0.	
ASST. TREASURER	(ii)	318,985.	100.	974.	22,450.	14,751.	357,260.	0.	
(3) STEVEN LOOS	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER ASST. SECRETARY	(ii)	303,199.	0.	1,988.	22,450.	20,235.	347,872.	0.	
(4) BASIL BUCHKO	(i)	0.	0.	0.	0.	0.	0.	0.	
ASST. SECRETARY	(ii)	255,508.	100.	614.	13,846.	20,235.	290,303.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								
	(i)								
-	(ii)								
	(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.

PART I, LINE 3:

COMPENSATION DETERMINATION

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. AND AFFILIATES'

("GOODWILL") COMPENSATION PACKAGE INCLUDES A SALARY, DEFINED

CONTRIBUTION PLAN AND HEALTH AND WELFARE BENEFITS. GOODWILL ENGAGED AN

INDEPENDENT FIRM TO ASSESS REASONABLENESS OF ITS COMPENSATION PACKAGE

FOR TOP MANAGEMENT POSITIONS. THE FIRM ASSESSED COMPENSATION USING

SURVEY DATA REPRESENTING SIMILAR POSITIONS BASED ON INDUSTRY, REVENUE.

NUMBER OF EMPLOYEES AND OTHER PEER GROUP DATA. THE REPORT WAS REVIEWED

BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ("COMMITTEE") OF THE

BOARD OF DIRECTORS AND COMPENSATION FOR GOODWILL'S TOP MANAGEMENT

POSITIONS APPROVED BY A COMMITTEE VOTE.

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

LEADERSHIP INCENTIVE PLAN

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. AND AFFILIATES

("GOODWILL") PROVIDES AN INCENTIVE PLAN FOR CERTAIN MANAGEMENT

PERSONNEL. THE PURPOSE OF GOODWILL'S LEADERSHIP INCENTIVE PLAN ("PLAN")

IS TO MOTIVATE EXECUTIVES TO ACHIEVE MISSION-RELATED OBJECTIVES AND TO

Schedule J (Form 990) 2021

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.
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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

GOODWILL MANUFACTURING, INC.

Employer identification number 35-2531359

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 501(C)(3) STATUS. GOODWILL MANUFACTURING SHARES THE MISSION OF ITS PARENT COMPANY, WHICH IS TO PROVIDE TRAINING, EMPLOYMENT, AND SUPPORTIVE SERVICES FOR PEOPLE WITH DISABILITIES OR DISADVANTAGES WHO SEEK GREATER INDEPENDENCE. SUCH DISABILITIES OR DISADVANTAGES INCLUDE PHYSICAL OR INTELLECTUAL DISABILITIES, MENTAL HEALTH ISSUES, SKILL LIMITATIONS, CRIMINAL BACKGROUND, LACK OF EDUCATION AND JOB PREPARATION, COMMUNICATION CHALLENGES, AND OTHER SOCIO-ECONOMIC DISADVANTAGES. GOODWILL PURSUES ITS MISSION IN TWO WAYS. THE FIRST IS BY EMPLOYING PEOPLE WITH DISABILITIES AND DISADVANTAGES WITHIN THE ORGANIZATION'S OWN OPERATIONS. THE SECOND IS BY PROVIDING SOCIAL SERVICES, COMMUNITY PROGRAMS, VOCATIONAL TRAINING, TRANSITIONAL EMPLOYMENT, **EMPLOYMENT** AND SUPPORTIVE SERVICES FOR INDIVIDUALS IN SOUTHEASTERN SERVICES, WISCONSIN AND NORTHERN ILLINOIS 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. BEGINNING WITH ITS FIRST WORKSHOP IN A MILWAUKEE CHURCH BASEMENT, DONATIONS WERE SORTED AND PREPARED FOR SALE IN A SMALL STORE NEARBY, GOODWILL HAS OFFERED WHAT ITS FOUNDER DESCRIBED AS "A CHANCE, TO PEOPLE WHO WERE LABELED UNEMPLOYABLE. TO FULFILL ITS PRIMARY PURPOSES OF EMPLOYMENT AND SELF-SUFFICIENCY FOR PEOPLE WITH

 ${\it LHA} \ \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990) 2021

GOODWILL TAKES AN ENTREPRENEURIAL

DISABILITIES OR DISADVANTAGES,

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization GOODWILL MANUFACTURING, INC.

Employer identification number 35-2531359

APPROACH. OVER THE YEARS, GOODWILL HAS PURSUED A VARIETY OF ENTERPRISES

IN ORDER TO HELP PREPARE INDIVIDUALS FOR EMPLOYMENT AND PLACE THEM IN

JOBS BOTH IN THE COMMUNITY AND WITHIN GOODWILL'S OWN OPERATIONS.

GOODWILL MANUFACTURING IS ONE OF THOSE ENTERPRISES; IT PROVIDES

COMMERCIAL LAUNDRY SERVICES TO PRIVATE COMPANIES AND OPERATES A

RECYCLING PROGRAM. GOODWILL MANUFACTURING PROMOTES THE MISSION OF

GOODWILL BY CREATING OPPORTUNITIES TO EMPLOY INDIVIDUALS WITH

DISADVANTAGES AND/OR DISABILITIES, AS WELL AS PROVIDING ON-THE-JOB

TRAINING AND SUPPORT.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

GOODWILL IS THE SOLE CORPORATE MEMBER OF GOODWILL MANUFACTURING.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS WHO MAY ELECT GOVERNING BODY

GOODWILL IS THE SOLE CORPORATE MEMBER AND IN THIS CAPACITY ELECTS THE BOARD

OF DIRECTORS OF GOODWILL MANUFACTURING.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OR STOCKHOLDERS WHO MAY APPROVE DECISIONS

GOODWILL IS THE SOLE CORPORATE MEMBER AND IN THIS CAPACITY APPROVES THE

ACTIONS OF GOODWILL MANUFACTURING.

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

FORM 990 REVIEW

MEMBERS OF THE AUDIT, RISK AND COMPLIANCE COMMITTEE OF THE BOARD OF

<u>Schedule O (Form 990) 2021</u>

Name of the organization GOODWILL MANUFACTURING, INC.

Employer identification number 35-2531359

DIRECTORS REVIEWED THE FORM AT ITS MAY 25, 2022 COMMITTEE MEETING. IN

ADDITION, MEMBERS OF THE FULL BOARD WERE PROVIDED WITH AN ELECTRONIC COPY

OF THE FORM ON MAY 25, 2022.

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

WRITTEN CONFLICT OF INTEREST POLICY

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., AND AFFILIATES

("GOODWILL") MAINTAINS A CONFLICT OF INTEREST POLICY ("POLICY"). THE

PURPOSE OF THE POLICY IS TO PROTECT GOODWILL'S INTERESTS WHEN CONTEMPLATING

ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE FINANCIAL

INTEREST OF AN INTERESTED PERSON SUCH AS AN OFFICER, DIRECTOR, OR KEY

EMPLOYEE OF GOODWILL. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF

HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED TO THE

PROPOSED TRANSACTION OR ARRANGEMENT. AFTER SUCH DISCLOSURE, HE OR SHE SHALL

RECUSE HIMSELF OR HERSELF DURING THE DISCUSSION OF, AND THE VOTE ON, THE

PROPOSED TRANSACTION, WHETHER THE TRANSACTION REFLECTS FAIR MARKET VALUE,

HAS NO BEARING ON THE RELATIONSHIP, AND IS IN THE BEST INTEREST OF THE

ORGANIZATION.

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

COMPENSATION DETERMINATION

GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. AND AFFILIATES'

("GOODWILL") COMPENSATION PACKAGE INCLUDES A SALARY, DEFINED CONTRIBUTION

PLAN AND HEALTH AND WELFARE BENEFITS. GOODWILL ENGAGED AN INDEPENDENT FIRM

TO ASSESS REASONABLENESS OF ITS COMPENSATION PACKAGE FOR TOP MANAGEMENT

POSITIONS. THE FIRM ASSESSED COMPENSATION USING SURVEY DATA REPRESENTING

SIMILAR POSITIONS BASED ON INDUSTRY, REVENUE, NUMBER OF EMPLOYEES AND OTHER

PEER GROUP DATA. THE REPORT WAS REVIEWED BY THE HUMAN RESOURCES AND

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 35-2531359 GOODWILL MANUFACTURING, INC. COMPENSATION COMMITTEE ("COMMITTEE") OF THE BOARD OF DIRECTORS AND COMPENSATION FOR GOODWILL'S TOP MANAGEMENT POSITIONS WAS APPROVED BY A COMMITTEE VOTE. FORM 990, PART VI, SECTION C, LINE 18: PUBLIC AVAILABILITY GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC. AND AFFILIATES ("GOODWILL") POSTS ITS GOVERNING DOCUMENTS, ANNUAL REPORTS, FINANCIAL STATEMENTS AND FORMS 990 TO ITS WEBSITE. GOODWILL ALSO MAKES THIS INFORMATION, AND OTHER REQUIRED DISCLOSURES, AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: REFER TO NARRATIVE LISTED ON LINE 18. FORM 990, PART VII COMPENSATION FROM A RELATED ORGANIZATION GOODWILL MANUFACTURING DOES NOT DIRECTLY COMPENSATE ITS OFFICERS. THE FILING ORGANIZATION RELIES ON ITS PARENT ORGANIZATION, GOODWILL INDUSTRIES OF SOUTHEASTERN WISCONSIN, INC., TO FACILITATE ITS COMPENSATION. THE COMPENSATION LISTED IN FORM 990, PART VII IS THE TOTAL COMPENSATION PAID BY THE PARENT ORGANIZATION TO MANAGE THE PARENT ORGANIZATION AND ITS RELATED ORGANIZATIONS, INCLUDING GOODWILL MANUFACTURING.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GOODWILL MANUF	ACTURING, INC.					35-25313	59	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable)	(b) Primary activity	(c) Legal domicile (state o	(d) or Total inco	(e) me End-of-yea	I	-		
of disregarded entity		foreign country)				er	ntity	
	-							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or more r	elated tax-exer	npt	
(a)	(b)	(c)	(d)	(e)		(f)	Section F	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	1	Direct controlling co		rolled tity?
J		loreigh country)		501(c)(3))		,	Yes	No
GOODWILL RETAIL SERVICES, INC - 39-2040239								
6055 N 91ST STREET								
MILWAUKEE, WI 53225	SUPPORTING	WISCONSIN	501(C)(3)	LINE 12A, I	GOODWIL	L SE WI		X
GOODWILL INDUSTRIES OF METRO CHICAGO, INC -								
36-4455490, 6055 N 91ST STREET, MILWAUKEE,								
WI 53225	HUMAN SERVICE	ILLINOIS	501(C)(3)	LINE 7	GOODWIL	L SE WI		X
GOODWILL INDUSTRIES OF SOUTHEASTERN								
WISCONSIN, INC - 39-0808491, 6055 N 91ST	_							
STREET, MILWAUKEE, WI 53225	HUMAN SERVICE	WISCONSIN	501(C)(3)	LINE 7	N/A			X
	1	i	I	1	1		1	1

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

Schedule R (Form 990) 2021

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																				
Name, address, and EIN of related organization	Primary activity		Direct controlling	Predominant income	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total	edominant income Share of total	Share of total	Share of total	Share of total income	income Share of total	Share of total	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI	General o	Percentage											
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No																					
	l	l	l .	l .		l			I	-																					

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	entity:	
		Country)						Yes	No

1a

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

Yes No

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	d Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		_X_		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1 g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_		
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
	Performance of services or membership or fundraising solicitations for related organ				11		X		
	Performance of services or membership or fundraising solicitations by related organ				1m	X			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X			
0	Sharing of paid employees with related organization(s)				10		X		
						Х			
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				1q	X			
					_		37		
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>		
	Other transfer of cash or property from related organization(s)				1s		<u> </u>		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," in the above is "Yes," and "Yes," in the above is "Yes," in t	ho must complete th I	is line, including covered rela	tionships and transaction thresholds.					
	(a) Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	voivea				
		1) p 5 (a 5)							
/ 4 \									
(1)									
(2)									
(2)									
(3)									
(5)									
(4)									
.,									
(5)									
(6)									
	3 11-17-21			Schedule	R (For	n 990)	2021		
		2.2							

Page 4

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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print GOODWILL MANUFACTURING, INC. 35-2531359 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 6055 N 91ST STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. MILWAUKEE, WI 53225 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 Form 990-T (corporation) LISA HEIDER The books are in the care of ► 6055 N 91ST STREET - MILWAUKEE, WI 53225 Telephone No. ► 414-847-4200 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)