** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990** (Rev. January 2020) Department of the Treasury internal Revenue Service

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

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

Open to Public Inspection

Big Comparison Compariso	A F	or the	2019 calendar year, or tax year beginning and o	ending		
Section Part Summery Part Summery Part Summery Summer Part			C Name of organization		D Employer identifi	cation number
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Number and street (of 19.0.00 if frail is not delived aboutss) Stop Fill Of Road Road		change	Doing business as		23-74374	79
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Website: ▶ WWW. SNGOODWILL.ORG Hield Group exception for the properties of organization X Corporation Trust Association Other Lycer of formaticing 19.75 M State of legal domelics NV Part Summary			SAME AS C ABOVE		City	(A) (C)
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Birefly describe the organization's mission or most significant activities: GOOWILL OF SOUTHERN NV PROVIDES JOB TRAINING AND EMPLOYMENT FOR PROPLE WITH CONT DON SCH O				L Year	of formation: 1975] i	M State of legal domicile; NV
Section Control Con	Pe			3TT T 0	nigorania i	777 777 777 777
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B Net unrelated business taxable income from Form 990-T, line 39 T/6 O .	Σį	6	otal number of volunteers (estimate if necessary)		6	
8 8 Contributions and grants (Part VIII, line 1h) 32,843,435. 37,815,063. 9 Program service revenue (Part VIII, line 2g) 292,133. 210,341. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,731. 37,864. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12,731. 37,864. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12,731. 37,864. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 34,947,264. 40,601,243. 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 13) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,626,344. 20,179,434. 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 394,156. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 32,781,430. 34,870,930. 19 Revenue less expenses. Subtract line 18 from line 12 2,165,834. 5,730,313. 19 Revenue less expenses. Subtract line 18 from line 12 22,165,834. 5,730,313. 19 Revenue less expenses. Subtract line 18 from line 12 22,165,834. 5,730,313. 19 Revenue less expenses. Subtract line 21 from line 20 2,165,834. 5,730,313. 19 Revenue less expenses. Subtract line 21 from line 20 2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Ş)		
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19 Revenue less expenses. Subtract line 18 from line 12 2,165,834. 5,730,313.	ııı	'' '				
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21 Total liabilities (Part X, line 26) 28,055,860. 25,435,564. 29 Net assets or fund balances. Subtract line 21 from line 20	S 0 0				ginning of Current Year	
Part II Signature Block	288				20,001,102.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign KENNETH E JONES, CFO Type or print name and title Print/Type preparer's name Preparer's signature BRENDA ANN BLUNT, CPA BRENDA ANN BLUNT, CPA BRENDA ANN BLUNT, CPA Firm's name EIDE BAILLY LLP Firm's address 9139 W. RUSSELL RD., STE. 200 LAS VEGAS, NV 89148-1250 Phone no. 702-304-0405	et v	3				
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Preparer Use Only Firm's name ► EIDE BAILLY LLP Firm's EIN 45-0250958 LAS VEGAS, NV 89148-1250 Phone no. 702-304-0405	Pala	. I		I .	1 2	
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LAS VEGAS, NV 89148-1250 Phone no. 702-304-0405					TAILS CIV	10 040000
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Form 990 (2019)

			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?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		***************************************	
	during the tax year? // "Yes," complete Schedule C, Part //	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 Revenue Procedure 98-197 # "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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		Х
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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	***************************************	*************	
	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	X	
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
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</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	77	<u>X</u>
	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		7.7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
1Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	v	
L	Schedule D, Parts XI and XII	12a	Х	
D	- <i>(:/</i>	404		Х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		×
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? // "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۵.		v
	domestic government on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21	000	X

Form 990 (2019) GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		:	
	Schedule J	23	Х	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	A		
	Schedule K. If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	, 	
	any tax-exempt bonds?	24c	X	7.
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,,
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			١,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):	WHEN I	AMIN	43544
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #		177	
	"Yes," complete Schedule L, Part IV	28a	X	-
D .	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #			₹.
00	"Yes," complete Schedule L, Part IV	28c	v	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	۱		٠,
0.4	contributions? /f "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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	١		٠,
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-37 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	١		7.7
05-	Part V, line 1	34		X
		35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u></u> .		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	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			-U-
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		- v	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
Anti-	Chook is Constitute C contains a respense of note to any line in this Part v		V	
4.	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable	35555	Yes	No
υ C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	4-	X	
	A manage of bire mention	1c	_ 4.2	<u> </u>

5b

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Nο 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a <u>4a</u> financial account in a foreign country (such as a bank account, securities account, or other financial account)? X b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a

c if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts. 6b

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

were not tax deductible? Organizations that may receive deductible contributions under section 170(c).

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? If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co

If the organization received a contribution of qualified intellectual property, did the organization file If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain sponsoring organization have excess business holdings at any time during the year?

Sponsoring organizations maintaining donor advised funds.

Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

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

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

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 c Enter the amount of reserves on hand

14a 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 Sche Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

l ser	vices provided to the payor?	7a		X
- 7	***	7b		
t wa	s required			
	***************	7c		X
	7d			
fit co	ontract?	7e		X
ontra	act?	7f		X
e Fo	rm 8899 as required?	7g		
niza	tion file a Form 1098-C?	7h		X
ned	by the	View in		
		8		
				100
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OHII	1	12a	giographia giographia	149619
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	***************************************	13a		
	13b			
		14a		X
edul	le O	14b		

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16

10

Form 990 (2019) GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-1431413 rag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	4933	124 (124)	1000
	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 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2.	Tetal Days	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	· · Z \		- 41
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>4</u> 5		X
6	Did the amount of the base was the last of	6		X
	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	0		<i>Δ</i> λ
7a	, , , , , , , , , , , , , , , , , , ,	-		v
£.	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		-	v
^		7b	35,343	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	14(111)	***	********
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			**
600	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
GC C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
40-			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		Х
11a	19 19 1	11a	Figure 1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	NAME:		Westers
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		₹.	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	343545
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	110000	4.5	William
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	15 25.15
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Media.	12 (A)
	taxable entity during the year?	16a	101315	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1000000	1404000	
Sec	exempt status with respect to such arrangements?	16b	l	-
17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an experimental to make its Forms 1000 (1004 as 1004 A. if graphics) 200 and 200 T (Continue Fold AV)			-1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	al	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records FENNETH JONES – (702) 214–2000			
	<u>KENNETH JONES - (702) 214-2000</u> 250 PILOT ROAD, NO. 140, LAS VEGAS, NV 89119			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

C C C C C C C C C C C C C	Check this box if neither the organization ne			niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.			
Name and title					(0	C)			108 108				
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(5) DIMITRI SPRENGENT DISTRICT MANAGER (6) JENNIFER RAMIEH DIRECTOR OF PHILANTHROPY (7) RICHARD D. NEAL, JR. PRESIDENT AND CEO (FROM 6/19) (8) RICK ARPIN (9) JOHN BENTHAM (9) JOHN BENTHAM (10) ANDREW BURKE EXECUTIVE DIRECTOR (11) JOSHUA DOBBINS (12) TED GIZÀ EXECUTIVE DIRECTOR (13) ENECUTIVE DIRECTOR (14) PENNY MENDLOVIC (15) JEROME SCHMITZ EXECUTIVE DIRECTOR (16) ANDREW MENTE EXECUTIVE DIRECTOR (17) ANDREW BURKE EXECUTIVE DIRECTOR (18) ANDREW BURKE EXECUTIVE DIRECTOR (19) ANDREW BURKE EXECUTIVE DIRECTOR (10) ANDREW BURKE EXECUTIVE DIRECTOR (11) JOSHUA DOBBINS (12) TED GIZÀ (13) ENIC JÄMES (10) EXECUTIVE DIRECTOR (14) PENNY MENDLOVIC (15) JEROME SCHMITZ (15) JEROME SCHMITZ (16) ROGER WAONER (17) FRANK WOODBECK (18) ROGER WAONER (19) ANDREW BURKE (10) ANDREW BURKE (10) ANDREW BURKE (11) ANDREW BURKE (12) ANDREW BURKE (13) ANDREW BURKE (14) PENNY MENDLOVIC (15) JEROME SCHMITZ (15) ANDREW BURKE (16) ROGER WAONER (17) FRANK WOODBECK (18) ANDREW (18) ANDREW (18) ANDREW (19) ANDR	(4) KENNETH JONES	40.00	7		1								
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(6) JENNIFER RAMIEH DIRECTOR OF PHILANTHROPY (7) RICHARD D. NEAL, JR. (8) RICK ARPIN EXECUTIVE DIRECTOR (9) JOHN BENTHAM 1.00 EXECUTIVE DIRECTOR (10) ANDREW BURKE EXECUTIVE DIRECTOR (11) JOSHUA DOBBINS EXECUTIVE DIRECTOR (12) TED GIZÀ EXECUTIVE DIRECTOR (13) ERIC JAMES EXECUTIVE DIRECTOR (14) PENNY MENDLOVIC EXECUTIVE DIRECTOR (15) JEROME SCHMITZ EXECUTIVE DIRECTOR (16) ROGER WAGNER EXECUTIVE DIRECTOR (17) FRANK WOODBECK (18) DENNY MODDBECK EXECUTIVE DIRECTOR (19) JOHN BENTHAM (100) EXECUTIVE DIRECTOR (100) EXECUTIVE DIRECTOR (110) STANDARD STAND	• •	40,00	1005 150	1000						_			
DIRECTOR OF PHILANTHROPY		A	<i>j)</i>	<u> </u>			X		102,497.	0.	7,240.		
Tright T	rain in the second seco								100 000				
PRESIDENT AND CEO (FROM 6/19)	54*	V-1	<u> </u>	<u> </u>			X	ļ	102,363.	0.	4,596.		
(8) RICK ARPIN		40.00	ļ						00.480		4 004		
X		4 6 6	<u> </u>		X	<u> </u>			98,478.	0.	1,984.		
SECOUTIVE DIRECTOR X	. W. M.	1.00				l					_		
X	· · · · · · · · · · · · · · · · · · ·	1 00	X	ļ	-		┝		0.	0.	0.		
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1.00 X 0. 0. 0 0 0 0 0 0 0			\mathbf{x}	ŀ					0.	0.	0.		
X	(13) ERIC JAMES	1.00		<u> </u>		\vdash							
1.00	EXECUTIVE DIRECTOR		Х						0.	0.	0.		
(15) JEROME SCHMITZ 1.00 EXECUTIVE DIRECTOR X (16) ROGER WAGNER 1.00 EXECUTIVE DIRECTOR X (17) FRANK WOODBECK 1.00 EXECUTIVE DIRECTOR X 0. 0. 0. 0. 0. 0.	(14) PENNY MENDLOVIC	1.00											
1.00	EXECUTIVE DIRECTOR		\mathbf{x}	-	L		L	L	0.	0.	0.		
(16) ROGER WAGNER 1.00 EXECUTIVE DIRECTOR X 0.0.0 (17) FRANK WOODBECK 1.00 EXECUTIVE DIRECTOR X 0.0.0	(15) JEROME SCHMITZ	1.00											
X 0. 0. 0 0 (17) FRANK WOODBECK 1.00 X 0. 0. 0 0 0 0 0 0 0 0	EXECUTIVE DIRECTOR		Х						0.	0.	0.		
(17) FRANK WOODBECK EXECUTIVE DIRECTOR X 0. 0.	(16) ROGER WAGNER	1.00	1			-		ł					
EXECUTIVE DIRECTOR X 0. 0.	EXECUTIVE DIRECTOR		X			<u> </u>	_		0.	0.	0.		
<u> </u>	(17) FRANK WOODBECK	1.00	l							_	_		
	EXECUTIVE DIRECTOR		X				<u> </u>	<u> </u>	0.	1 0.	0.		

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			((•			(D)	(E)	(F)
Name and title	Average			Pos heck i	more	than e		Reportable	Reportable	Estimated
	hours per week			ss per nd a d				compensation	compensation	amount of
	(list any	—					Ĺ	from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	30 GE	stee			nsate		(W-2/1099-MISC)	(11 25 1000 11.1100)	organization
	organizations	ndividual trustee or director	institutional trustee		yee	ed mic		,		and related
	below	rid tra	tution	 jg	Key emplayee	est ci	量			organizations
	line)	혈	Insti	Officer	Žę.	Highest compensated employee	Рог тивт			
(18) BRIAN DZIMINSKI	4.00								¢*:	
CHAIR		Х		X		<u> </u>		0.	<i>∅</i> 0.	. 0.
(19) GEORGE GARCIA	2.00									'
VICE CHAIR		X		X			<u> </u>	0.	0.	0.
(20) DR. NANCY BRUNE	2.00									
SECRETARY		X		X				0.	<i>∞</i> ♥ _ # 0.	0.
(21) BILL PAREDES	2.00								A A	
TREASURER		<u> </u>		X				.0.	0.	0.
									å	
								L.S.Asy		
						L				
						/	1550			
						(4	1500	1 7		
					g/85%		40	<i>I</i>		
							1			
1b Subtotal					Solly.		•	1,165,777.	0.	23,810.
c Total from continuation sheets to Part V	II, Section A		19%				>	0.	0.	0.
d Total (add lines 1b and 1c)							\triangleright	1,165,777.	0.	23,810.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100	,000 of reportable	
compensation from the organization		7970) 5-4								7
	A 1	萝								Yes No
3 Did the organization list any former officer	, director, trust	ee, l	кеу (empl	loye	e, o	r hig	phest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual		• • • • • •						********************************	3 X
4 For any individual listed on line 1a, is the si	im of reportab	le co	mp	ensa	ition	anc	ot	ner compensation from t	he organization	
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" cc	mpl	ete S	Sche	edule	e J i	for such Individual	***************************************	4 X
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	
rendered to the organization? If Yes. " con	nplete Schedul	e J f	or s	uch j	oers	on		·····		5 X
Section B. Independent Contractors										
 Complete this table for your five highest co 	•								· · · · · · · · · · · · · · · · · · ·	ation from
the organization. Report compensation for	the calendar y	ear e	endi	ng w	ith o	or w	ithir	the organization's tax y	/ear.	-
(A)								(B)		/ (C)
Name and business	address	N	ON.	3				Description of s	services	Compensation

MARAAAAA.						·····				
•										
.										
2 Total number of independent contractors (ot li	mite	d to		_	sted	above) who received m	ore than	
\$100,000 of compensation from the organi	zation				(0				
										- OOO 45 - 1 - 1

			Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				_	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded
হ হ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts.			Membership dues 1b					
Q E			Fundraising events 1c					
₽₽			Related organizations 1d					
0,8			Government grants (contributions) 1e	889,594.				
ĸ.			All other contributions, gifts, grants, and	,				Valence SA
E E			similar amounts not included above 1f	36,925,469.			200	
풀		a	Noncash contributions included in lines 1a-1f	36,429,744				
S E		_	Total, Add lines 1a-1f		37,815,063.			
				Business Code				
as l	2	a	VOCATIONAL ASSISTANCE PROGRAM	812900	210,341.	210,341	7 1	·
Program Service Revenue	_	b			, -	Ä	ist.	
Ser		c	### And				<i>y</i>	
i i		d	Prince And					
Peg		e	₩			* * * * * * * * * * * * * * * * * * *		
Ą.			All other program service revenue					
			Total. Add lines 2a-2f		210,341,			
	3		Investment income (including dividends, interes		-			
			other similar amounts)		37,864.			37,864.
	4		Income from investment of tax-exempt bond pr			2		
	5		Royalties	•		3×*		
	_		(i) Real	(ii) Personal	de la constitución			
	6	а	Gross rents 6a					
			Less: rental expenses 6b		A			
			Rental income or (loss) 6c	_ \	Mr.			
			Net rental income or (loss)		9	'.		
			Gross amount from sales of (i) Securities	(ii) Other)				
			assets other than inventory 7a					
		b	Less: cost or other basis	(<u>(</u>				
e e			and sales expenses7b	An and The second				
ē		С	Gain or (loss) 7c	2				
Ř			Net gain or (loss)					
Other Revenue	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c), See					
			Part IV, line 18					
		b	Less: direct expenses8b					
		C	Net income or (loss) from fundraising events	>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		Ć	Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	219,997.				
		b	Less: cost of goods sold10b	111,060				
		С	Net income or (loss) from sales of inventory	<u></u>	108,937.	108,937.		
Ø				Business Code				
on e	11		CANCELLATION OF DEBT	900099	1,773,590.			1,773,590.
evenue		b	AMORTIZATION OF DEFERRED GAINS ON	900099	610,692.			610,692.
Miscellaneous Revenue		C	INSURANCE PROCEEDS	900099	37,428.			37,428.
Mis			All other revenue	900099	7,328.		electo y calculations, electric di Street concentration	7,328.
		e	Total. Add lines 11a-11d	<u></u>	2,429,038.	- Anthonis (State Control of Cont		
	12		Total revenue. See instructions		40,601,243.	319,278.	0,	2,466,902.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 279,672. 972,891. 580,301. 112,918. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 17,019,759. Other salaries and wages 16,775,296 138,390 106,073. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 814,175. Other employee benefits 787,675. 17,020. 9,480. 9 1,372,609. 1,324,180. 31,754. Payroll taxes 16,675. 10 Fees for services (nonemployees): 11 a Management 274,902 55,237 219,665. Legal 86,354 86,354 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 372,910. 3,207. 367,880. 1,823. column (A) amount, list line 11g expenses on Sch O.) 245,028. 245,028. 12 Advertising and promotion 8,676. 714,212. 16,522.689,014 13 Office expenses Information technology 242,262. 233,715. 5,604. 2,943. 14 15 Royalties Occupancy _____ 682,567. 6,446,789 154,596. 81,182. 16 306,663. 295,843 7,095. 3,725. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 16,781. 17,394. 402. $\overline{211}$. Conferences, conventions, and meetings 19 1,151,074. 1,151,074. 20 Interest Payments to affiliates 21 912,651. 880,450, Depreciation, depletion, and amortization 21,114. 11,087. 22 Insurance Other expenses, Itemize expenses not covered 928,156. 11,276. 895,408. 21,472. 23 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) EQUIPMENT RENTAL & MÁIN 891,148. 859,052. 21,045. 11,051. 599,763. 595,517. 578,602. 13,875. 7,286. SUPPLIES c MERCHANT FEES 595,517. d CLIENT ASSISTANCE 220,347. 220,347. 450,548. 430,475. 10,323. 9,750. e All other expenses 34,870,930. 32,905,317. 1,571,457. 394,156. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

rar	ι /\	Balance Sheet		11 1 11 1 15 1 2			
		Check if Schedule O contains a response or note	to any	/ line in this Part X	7.83		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,535,304.	1	1,629,811.
	2	Savings and temporary cash investments		ľ	2,726,238.	2	5,642,412.
	3	Pledges and grants receivable, net			, ,	3	35,573.
	4				317,423.	4	39,408.
	5	Loans and other receivables from any current or for					
١		trustee, key employee, creator or founder, substai					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie	d per			30000	
		under section 4958(f)(1)), and persons described in				6	
۸ ا	7	Notes and loans receivable, net				7	<u> </u>
H22CES	8	Inventories for sale or use			2,802,218.	8	2,670,706.
?	9	PT 1.0			595,584.	े9_	√ 715,999.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,061,878.			
	b	Less; accumulated depreciation		7,124,021.	18,365,489.	10c	17,937,857.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	6,636.
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets	N. S.	14			
	15	Other assets. See Part IV, line 11			↑ 525,506.	15	1,299,377
_	16	Total assets. Add lines 1 through 15 (must equal			<u>26,867,762.</u>	16	29,977,779
	17	Accounts payable and accrued expenses		<u> </u>	4,415,899.	17	1,529,362
	18	Grants payable				18	
	19	Deferred revenue	1,183,927.	19	1,475,840		
	20	Tax-exempt bond liabilities			18,739,942.	20	20,054,397
	21	Escrow or custodial account liability. Complete Pa	<.0000	537 55% 75Y	********************************	21	
8	22	Loans and other payables to any current or forme	[24	7/9			
		trustee, key employee, creator or founder, substa	·	-200			
Labilities		controlled entity or family member of any of these	41,100,000		4 600 560	22	1 200 150
•	23	Secured mortgages and notes payable to unrelate	2.07		1,629,560.	23	1,322,468.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya		1			
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X	0 000 530		1 052 405
		F.			2,086,532.	25	1,053,497
_	26				28,055,860.	26	25,435,564.
'n		Organizations that follow FASB ASC 958, chec	k her				
ည္က		and complete lines 27, 28, 32, and 33.			1 C1C 17/	500000	4 104 400
aiai	27	Net assets without donor restrictions			-1,515,174.	27	4,194,489.
ă	28	Net assets with donor restrictions			327,076.	28	341,140
Š		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 🔛			
	-	and complete lines 29 through 33.				1	
	29	Capital stock or trust principal, or current funds				29	
3	30 ⊜	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			-1,188,098.	31	1 512 215
ž	32	Total net assets or fund balances			26,867,762.	32	4,542,215.
	33	Total liabilities and net assets/fund balances	*****		ZU,001,10Z.	33	29,977,779.

	990 (2019) GOODWILL INDUSTRIES OF SOUTHERN NEVADA	43-	14314	ŧ/9	Pag	je l∠
Pa	t XI Reconciliation of Net Assets				···	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1 .	40	,60.	L, 24	43.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34	,870),9:	30.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,73),3:	13.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1	, 18	3,09	98.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6		,		
7	Investment expenses	7		Ħ		
8	Prior period adjustments	8	-57350	<u>[Les</u>		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	ASSESSIVE SERVICES	199	,	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	4	X #			
	column (B))	_10	4	,542	2,2	15.
Pa	t XII Financial Statements and Reporting	1				
	Check if Schedule O contains a response or note to any line in this Part XII	. <i>\\</i>	<i>A.</i>			X
		13	_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u> </u>				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э,				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	• • • • • • • • • • • • • • • • • • • •		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			2000	
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis			11.50	40.50	WAY.
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?	<i>-</i>		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		S. S. S.	Will be	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audi	t			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		X
				Form	990 (2019
	AND 1996, 1996,					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Employer identification number 23-7437479

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). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 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.) 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 X 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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? (iii) Type of organization (I) Name of supported (ii) EIN (vi) Amount of other (described on lines 1-10 organization support (see Instructions) support (see instructions) Nο above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Page 2

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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")										
2	Tax revenues levied for the organ-						•				
	ization's benefit and either paid to						()				
	or expended on its behalf					ália.					
3	The value of services or facilities						*				
	furnished by a governmental unit to					~ // <u> </u>					
	the organization without charge										
4	Total, Add lines 1 through 3					A A					
5	The portion of total contributions					no (%)					
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the				16 27 3						
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.										
	tion B. Total Support			A 3	\						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
	Amounts from line 4			4-53							
8	Gross income from interest,		ĄŠ.	7 4-J							
	dividends, payments received on		((
	securities loans, rents, royalties,		, W		!						
	and income from similar sources										
9	Net income from unrelated business		A W								
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain	A. \$100	1))								
	or loss from the sale of capital		2 ⁹								
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is fo	r the organization's				501(c)(3)					
	organization, check this box and stor	p here					>				
Sec	ction C. Computation of Publi	ic Support Per	centage								
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	%				
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14		*********************	15	%				
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and				
	stop here. The organization qualifies	as a publicly supp	orted organization		***************************************		>				
b	33 1/3% support test - 2018. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box				
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			>				
17a	10% -facts-and-circumstances test										
	and if the organization meets the "fac	ots-and-circumstan	ces" test, check th	is box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the organ	ization				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances test	t - 2018. If the org	janization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or				
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the					
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	>				
					Sche	dule A (Form 990	or 990-F71 2019				

(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.)

Called year (er literal year to egiminal in Called Str. 2015 Called Str. 2017 Cal	Se	ction A. Public Support										
Commission Com	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
Scross receipties from admissions to severe performed, or facilities fruminated in any activity that is related to the organization's to-ex-wompt purpose as Gross receipties from activities that are not an unrelated trade or bus hases under acction 513	1	Gifts, grants, contributions, and										
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2 Gross receipts from admissions, merchandles sold or services performed, or facilities funished in any activity that is related to the organization's tax-exemplic purpose 3 Gross receipts from admission that is related to the organization's tax-exemplic purpose 3 Gross receipts from admission that are not an unrelated trade or business under section 513 4 Tax revenues levided for the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 Total, Add lines 1 through 5 Total Support 6 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 5 Total Add lines 1 through 6 Total Support 6 Total Add lines 1 through 6 Total Support 6 Total S		include any "unusual grants.")	28230347.	32846569.	30102420.	33710899.	38077059.	162967294				
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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")?
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ),
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

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	dule A (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-74	<u> 3747</u>	9 Pa	age 5
Pa	t IV Supporting Organizations (continued)			
		1440404	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	5446000	Million	NA Shiri
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			T
		50.00	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		100000	, National
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Jacob Park	50,000
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	NAME OF THE PARTY	9000	No.
800	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	tion C. Type II Supporting Organizations		T	Τ
	Management of the state of the	- Harrista	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	Amitterser	1500000	10001v1
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>	<u></u>	L
	in the state of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	110000	103	110
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	EALERS S		1500
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		VANITAL Vanital	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	THE STATE OF	20 4 5 1 5 1 1 1 2 1	A
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this recard.	3	·	ĺ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	j,		
а	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 government entity (see Inst	tructions)	
2	Activities Test: Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	ALC: N		
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
a				
	trustees of each of the supported organizations? Provide details in Part VI.	За	1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	SEE SEE		1 498
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

Sched	dule A (Form 990 or 990 EZ) 2019 GOODWILL INDUSTRIES OF SO tV Type III Non-Functionally Integrated 509(a)(3) Supporting		IERN NEVADA 2	3-7437479 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying to			art VII. Con instructions. All
•	other Type III non-functionally integrated supporting organizations must comp			art vij. See instructions. Ali
Section	on A - Adjusted Net Income	лете с	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	***************************************	
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		į.
6	Portion of operating expenses paid or incurred for production or			Time and
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		()) ·
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	M.	
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year);			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	\$ 25-50	
	Total (add lines 1a, 1b, and 1c)	1d	1-1	
	Discount claimed for blockage or other			
-	factors (explain in detail in Part VI):		2/	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	V	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,)	-		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4, unless subject to	<u> </u>		
~	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	nteara	ted Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 GOODWILL INDU:			3-7437479 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		***************************************
4	Amounts paid to acquire exempt-use assets	Man -		with Associated Withous and
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	***************************************		
8	Distributions to attentive supported organizations to which the	e organization is responsive		66tau M
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u>"</u>		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI). See instructions.		A F	
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)	. No. 10		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>C</u>	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 GOODWILL INDUSTRIES OF SOUTH	IERN NEVADA 23-7437479 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, Iii Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; P line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete (See instructions.)	art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR O	THER INCOME:
CANCELLATION OF DEBT	
2019 AMOUNT: \$ 1,773,590.	- H
INSURANCE PROCEEDS	
2019 AMOUNT: \$ 37,428.	
	<u> </u>
THEFT RESTITUTION	
2019 AMOUNT: \$ 2,271.	
MISCELLANEOUS INCOME	
2019 AMOUNT: \$ 5,057.	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2019

GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II, See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

23-7437479

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 39,817.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) (Name, address, and ZIP + 4)	(c) Total contributions	(d) Type of contribution
4		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

23-7437479

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7		\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$6,000.	Person X Payroll Complete Part II for noncash contributions.)	
(a) No.	(b) ((Name, address, and ZIP + 4)	(c) Total contributions	(d) Type of contribution	
10		\$6,636.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.		\$	Person Payroll Oncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

23-7437479

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	558 SHARES OF PLAYAGS, INC	\$6,636.	12/11/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 4 Name of organization Employer identification number GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$3.000 or less for the year. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

) No. rom art l	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gi	ft
Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2019

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organize	ations: Complete Part III.					
	ne of organization			Empl	oyer identification number		
	GOODWII	LL INDUSTRIES OF	SOUTHERN NEV	7ADA 🚁 🗸 🦠	23-7437479		
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c) o	or is a section 527 or	ganization.		
				, N. J.			
1	Provide a description of the organ	ization's direct and indirect politic	al campaign activities i	n Part IV,			
2	Political campaign activity expend	litures		\$			
	Volunteer hours for political campa						
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)(3).			
1	Enter the amount of any excise tax	x incurred by the organization und	er section 4955	<u></u> \$			
2	Enter the amount of any excise tax	x incurred by organization manage	ers under section 4955	<i>ऀ</i> ` > \$			
3	If the organization incurred a secti	ion 4955 tax, did it file Form 4720	for this year?		Yes No		
	If "Yes," describe in Part IV.		\mathbb{A}				
Pa	art I-C Complete if the or	ganization is exempt und	er section 501(c),	except section 501(c)(3).		
1	Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt funct	ion activities > \$			
2	Enter the amount of the filing orga						
	exempt function activities			> \$			
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here a	nd on Form 1120-POL,				
	line 17b	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		 ▶ \$			
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No		
•	Enter the names, addresses and e	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political					
•	made payments. For each organiz	ation listed, enter the amount paid	from the filing organiz	ation's funds. Also enter the	amount of political		
Ŭ		ation listed, enter the amount paid	from the filing organiz	ation's funds. Also enter the	amount of political		
	made payments. For each organiz	ration listed, enter the amount paid promptly and directly delivered to a	i from the filing organiz a separate political orga	ration's funds. Also enter the anization, such as a separate	amount of political		
	made payments. For each organiz contributions received that were p	ration listed, enter the amount paid promptly and directly delivered to a	i from the filing organiz a separate political orga	ration's funds. Also enter the anization, such as a separate	e amount of political e segregated fund or a (e) Amount of political		
_	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate		
_	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		
	made payments. For each organiz contributions received that were p political action committee (PAC).	ation listed, enter the amount paid promptly and directly delivered to a additional space is needed, prov	i from the filing organiza a separate political orga ide information in Part	cation's funds. Also enter the canization, such as a separate IV. (d) Amount paid from filing organization's	e amount of political e segregated fund or a (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.		

Schedule C (Form 990 or 990-EZ) 2019 Part II-A Complete if the org section 501(h)).	GOODWILL IN anization is exen	DUSTRIES OF npt under section	SOUTHERN NE 501(c)(3) and file	EVADA 23-7 ed Form 5768 (ele	437479 Page 2 ction under	
Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
expenses, and sha	re of excess lobbying e	expenditures).				
B Check 🕨 🔝 if the filing organiza	ition checked box A ar	d "limited control" pro	visions apply.			
	ts on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)			,	
b Total lobbying expenditures to influ	uence a legislative bod	y (direct lobbying)			- T	
c Total lobbying expenditures (add li				· · · · · · · · · · · · · · · · · · ·	A. Sir	
d Other exempt purpose expenditure				.6		
e Total exempt purpose expenditure			***************************************	4	j)	
f Lobbying nontaxable amount. Ente	•				X	
If the amount on line 1e, column (a) o		bying nontaxable am	1			
Not over \$500,000		the amount on line 1e.	Julic is.			
Over \$500,000 but not over \$1,000	1	0 plus 15% of the exce	200 AVOY \$500 000			
Over \$1,000,000 but not over \$1,500	· · · ·	10 plus 10% of the exce				
Over \$1,500,000 but not over \$17,						
Over \$1,500,000 but not over \$17,		0 plus 5% of the exces	ss over \$1,500,000./			
Over \$17,000,000	\$1,000,	000.				
	. 6507 111 10			(
g Grassroots nontaxable amount (en	,					
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero			-m 1975. 199	L		
j If there is an amount other than ze		- 197	10 Part 1	<u></u>		
reporting section 4911 tax for this				<u></u>	Yes No	
(Some organizations t	hat made a section 50	eraging Period Under 01(h) election do not l ate instructions for lir	nave to complete all c	of the five columns be	low.	
	Lobbying Exper	nditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total	
2a Lobbying nontaxable amount	^	2				
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
A Committee of the Comm	₹9 ¥					
c Total lobbying expenditures	Ą					
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures		The second secon				

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Page 3

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
† a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		X X	**************************************	
	Mailings to members, legislators, or the public?		X	À	
	Publications, or published or broadcast statements?		X	á.	
	Grants to other organizations for lobbying purposes?		(x)	N.	
g		X = >	Q. 11	28	3,700.
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	A	∖\ X		. •
ĺ	Other activities?	Via.	∅ X		
1	Total, Add lines 1c through 1i			28	3,700.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-5 ₂	Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	V			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part	III-A, line	3, is
	answered "Yes."			1	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	al			
	expenses for which the section 527(f) tax was paid).		THE		
а			<u>2a</u>	***************************************	
b	Carryover from last year		20		
C	F.				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical	Same:		
_	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions) t IV Supplemental Information		5	<u> </u>	
1		Bada Bast H	A E	-40/	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iist); Part ii	·A, iines i a	ına ∠ (see	
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
1 111	XI LI D, DING I, HODDIING ACIIVIIIBD.				
GOO	DDWILL INDUSTRIES OF SOUTHERN NEVADA CONTRACTED WITH	A LA	W FIRM	TO	

REI	PRESENT ITS INTERESTS WITH MEMBERS OF THE STATE LEGI	SLATU	RE.		

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 Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Employer identification number 23-7437479

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
L	organization answered "Yes" on Form 990, Part IV, lin		,
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	=	
6	Did the organization inform all grantees, donors, and donor a		(6) (9)
-	for charitable purposes and not for the benefit of the donor o	_ <u>-</u>	- 13. 24
	impermissible private benefit?		(-)
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		्र f a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		(4)
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			
b	Total number of conservation easements Total acreage restricted by conservation easements	Constant	2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ire
-	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
-	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	£ 358	
_	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
		, ,	,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	▶ \$,	-----
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	•	
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fo	irtherance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part Vill, line 1	_	> \$
h	Assets included in Form 990 Part X		\$

Sche		L INDUSTRI							437479	
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Othe	r Sim	ilar Asse	ets (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	t make si	ignifica	ant use of it	ls	
	collection items (check all that apply):									
а	Public exhibition	c	1 🔲 I	oan or excl	hange progra	am				
b	Scholarly research	6	,							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	e organizatio	on's exer	na tan	roose in Pa	art XIII.	
5	During the year, did the organization solicit o				_					
•	to be sold to raise funds rather than to be ma							_	Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		010 11 11.0	or garmeatter	ir anonoroa			000, 1 4.11	200 de 200 d	
1a	Is the organization an agent, trustee, custodi		liary for c	ontributions	s or other as	sets not	includ	ed 🔏		
14	on Form 990, Part X?		•					7.7	Yes	No
i.	If "Yes," explain the arrangement in Part XIII							······································	L I ÇS	NO
D	ir res, explain the analigement in Fart Alli	and complete the lo	ilowing ta	ante.				THE N	Amount	
	Desirate a balance							10	Amount	
c	Beginning balance						7.7			
d	Additions during the year							1d 🖟		
е	Distributions during the year							ie ⁹		
f	Ending balance							1f		
	Did the organization include an amount on F				4300	1938. AC	97.7		Yes	∐ No
-	If "Yes," explain the arrangement in Part XIII.							************		<u> </u>
Par	t V Endowment Funds. Complete	[1		1 100				-	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Th	ree years ba	ck (e) Four y	/ears back_
1a	Beginning of year balance			- 2						
b	Contributions			A Service Contraction of the Con						
C	Net investment earnings, gains, and losses			(Passagera))					
d	Grants or scholarships).(E ^{EEE}	Say Assess				****		
е	Other expenditures for facilities))						
	and programs		1	<u> </u>						
f	Administrative expenses		X 4	,						
g	End of year balance	A T								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment	1 10 10 10 10 10 10 10 10 10 10 10 10 10	%	. , ,	•					
b	Permanent endowment >									
	Term endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	1:1	ation that	r are held ar	nd administe	red for th	ne ora:	anization		
	by:	Service or the organization	acion ana	aro mora a	ia aamiinoto	100 101 0	10 0.g.	arine actions	Γ,	Yes No
		•								100 110
	(i) Unrelated organizations (ii) Related organizations									$\overline{}$
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi								$\overline{}$
	Describe in Part XIII the intended uses of the								30	
Par	t VI Land, Buildings, and Equipm		willent	inos.						
ı uı			O Dod N	line 11a C	Non Cours Off) Doub V	ا ممثا	0		
	Complete if the organization answere								(a) Deal	
	Description of property	(a) Cost or o			t or other		Accum		(d) Book	value
	· ** ** /4	basis (invest	illerit)		(other)	l de	eprecia	MOH	1 600	
	Land	1			0,000.	A CONTRACT	01/	704		672
	Buildings			14,79	6,456.			,784.	11,581	
	Leasehold improvements	1		97	8,433.	<u> </u>	089	,968.	288	,465.
d	Equipment				4,556.			,357.		,199.
	Other				2,433.			<u>,912.</u>		,521.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colun	nn (B). line 1	Oc.)			>	17,937	<u>,857.</u>

► 17,937,857. Schedule D (Form 990) 2019

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT PAYABLE	1,053,497.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25,)	▶ 1,053,497.

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

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	23-7437479 _{Pa} turn.	ge 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 38,856,71	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 29,057.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e 29,05	7.
3	Subtract line 2e from line 1	3 38,827,65	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b 1,773,590.	1 / /	
	Add lines 4a and 4b	4c 1,773,59	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 40,601,24	
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		
	Complete Miles amond all the second		
		01 04 04	
1	Total expenses and losses per audited financial statements	1 34,315,91	. * •
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 29,057.		
a	1 1000 00 000		
b	Prior year adjustments		
С	Other losses		
	Other (Describe in Part XIII.)	WARE	
е	Add lines 2a through 2d	2e 29,05	
3	Subtract line 2e from line 1	3 34,286,85	57.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 584,073.		
C	Add lines 4a and 4b	4c 584,07	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)	5 34,870,93	<u> </u>
	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAF	T X, LINE 2:		
MAN	AGEMENT BELIEVES THAT THE ORGANIZATION HAS APPROPRIATE SUP	PORT FOR ANY	
TAX	POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS,	AND AS SUCH,	
		•	
DOE	S NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL T	O THE	
FIN	ANCIAL STATEMENTS.		
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:		
T 4 14	I AL, HIME 4D OTHER ADDODINGATE.		
CAN	CELLATION OF DEBT - REPORTED AS "REORGANIZATION ITEMS"		
CAL	CENTRALION OF DEDI - KELOKIED AD VEOVEWAITENION TIEMS		
TNT	THE FINANCIALS	1 772 500	,
TTA	INE LIMMOTADO	1,773,590	•
T> * **	M WIT I TAKE AD ORGED AD TOOMSDAME.		
PAF	T XII, LINE 4B - OTHER ADJUSTMENTS:		
75.45 C	DEROCTORY BEEN DEPORTED AS UNDODOSTROS TOTALS		
	FESSIONAL FEES - REPORTED AS "REORGANIZATION ITEMS" IN		
Gonne -	10-02-19	Schedule D (Form 990)	2019

Schedule D Form 990/2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Pag Part XIII Supplemental Information (continued) THE FINANCIALS 584,073

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OM8 No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Questions Regarding Compensation

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Employer identification number 23-7437479

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			10000
	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	7000A		
	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)			No. 1
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,			VEL !
	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:	No.	BANK!	
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	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.	10.00	1411 (1411) 1411 (1411)	
	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		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			100000
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
a	The organization?	6a	Х	
b	Any related organization?	6b		X
	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	Х	ľ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	William.		1833
	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	See Se	VALUE OF THE PARTY	
	Regulations section 53,4958-6(c)?	9		ĺ (

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Page
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.

	(0)		<u> </u>	(a)	(i)	0	(1)	(0)		(1)	(0)	(1)	(i)	(3)	(i)	(0)	(i)	(0)		(0)	CFO (ii)	151,	CHIEF CULTURE AND MISSION OFFICER (ii)	170,		(i) 188,	AND CEO/EXECUTIVE DIRECTOR (ii)	(1) JOHN HELDERMAN (I) 198,385	(A) Name and Title compensation	(B) Breakdo
_							1234		4	<u>_</u>	VA VA										0.	462.	0.	785.	0.	057.	0.	85.		wn of W-
									K _s	E st		Ź) /							0.	5,000.	0.	33,750.	.0	20,000.	0.	90,000.	(ii) Bonus & incentive compensation	2 and/or 1099-M
																Á)	<i>₹</i> 0.√]0	0	0.	.0	5,000.	0.	0.	(iii) Other reportable compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation
				***************************************															,	^N -Bet	0.	0.	0.	~ ~ ~ 0.	.0.		.0 ∕∕	<i>,</i> ∼0•	compensation	(C) Retirement and
																					0.	603.	0.	4,791.	0.	$^{\circ}$ 4,596.	0.	0.	peneris	
																					0.	157,065.	0.	209,326.	.0	217,653.	0.	288,385.	(a)(u)-(u)	(E) Total of columns
																					0.	0.						0.	reported as deferred on prior Form 990	F

Page 3

Part III
Supplemental Information

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Schedule J (Form 990) 2019
PREDETERMINED FORMULA.
INDUSTRIES OF SOUTHERN NEVADA'S BOARD OF DIRECTORS AND NOT RELATED TO A
JOHN HELDERMAN WAS PAID A \$90,000 BONUS THAT WAS DETERMINED BY GOODWILL
PART I, LINE 7:
EMERGENCE FROM BANKRUPTCY IN APRIL OF 2019. BONUSES PAID WERE CHARGED TO AN
AYMENTS MADE IN 2019 WERE BASED ON THE COMPANY'S SUCCESSFUL
PART I, LINE 6:
The state of the s

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

Supplemental information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

2019
Open to Public Inspection OMB No. 1545-0047

➤ Attach to Form 990. explanations, and any additional information in Part VI.

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

Part II 11 17 ದ 5 4 12 10 ဖ Name of the organization lω 6 Ø ט ဂြ A OF MADISON, WISCONSIN Part I PUBLIC FINANCE AUTHORITY Were the bonds issued as part of a refunding issue of taxable bonds (or, if Does the organization maintain adequate books and records to support the if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of a refunding issue of tax-exempt bonds (or Year of substantial completion ... Other unspent proceeds Other spent proceeds Capital expenditures from proceeds Working capital expenditures from proceeds Proceeds in refunding escrows Gross proceeds in reserve funds Total proceeds of issue Amount of bonds retired final allocation of proceeds? Has the final allocation of proceeds been made? issued prior to 2018, an advance refunding issue)? Credit enhancement from proceeds Issuance costs from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Bond Issues Proceeds (a) Issuer name GOODWILL INDUSTRIES OF SOUTHERN NEVADA 27-386612474442PLS2 (b) Issuer EIN (c) CUSIP# 04/18/19 (d) Date issued 19 20, Yes \bowtie M M 216,576. 325 109,578. > 2019 193. S 20325193 (e) Issue price × Yes 2015A BONDS REISSUED SERIES ₩ (f) Description of purpose N_O Yes റ S (g) Defeased (h) On behalf Employer identification number 23-7437479řes 몽 × Yes Yes of issuer ĕ × D Yes (i) Pooled financing No No ×

F

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

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019	edule K (Fo	Sch		-				R
						×		3 Is the bond issue a variable rate issue?
								If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed
						×		
***************************************						×		
						×		a Rebate not due yet?
								2 If "No" to line 1, did the following apply?
						×		Penalty in Lieu of Arbitrage Rebate?
No.	Yes	No	Yes	No	Yes	No	Yes	1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and
ם			c				A	
								Part IV Arbitrage
							×	Regulations sections 1.141-12 and 1.145-2?
								9 Has the organization established written procedures to ensure that all nonqualified
								1.141-12 and 1.145-2?
								c If "Yes" to line 8a, was any remedial action taken pursuant to Regulation's sections
%		%		%		%		of
						×	:	1
						4	<u></u>	
						×		Does the bond issue meet the private security or payment test?
%		%	Ammunit	%		1	yisi Nag	6 Total of lines 4 and 5
%		%		%		00 %		section 501(c)(3) organization, or a state or local government
) ({~	 Enter the percentage of infanced property used in a private dustriess use as a result of unrelated trade or business activity carried on by your organization, another
		,		,0		(3)		Enter the personness of fragment propositioned in a private business use as a result of
%		\$		<u>«</u>	\$		ì	4 Enter the percentage of financed property used in a private business use by
								counsel to review any research agreements relating to the financed property?
							***************************************	d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside
						×		bond-financed property?
					^		***********	c Are there any research agreements that may result in private business use of
				Ű,	Ņ			counsel to review any management or service contracts relating to the financed property?
				\ <u></u>				b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside
						×		3a Are there any management or service contracts that may result in private business use of bond-financed property?
						×		
						!		2 Are there any lease arrangements that may result in private business use of
		-8				X		which owned property financed by tax-exempt bonds?
No	Yes	No	-Yes	No	Yes	No	Yes	1 Was the organization a partner in a partnership, or a member of an LLC,
ָם 		<u>`</u>	0		50		<u> </u>	E CLASH STRAND EXPERIENCE OF COMMERCIAL PROPERTY OF THE PROPER
			n.					

932122 10-18-19

Part IV Arbitrage (Continued)					6,5			
7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	•		8	~	ဝ		0	
4a Has the organization or the governmental issuer entered into a qualified	Yes	× No	Yes	No	·Yes	No	Yes	No
b Name of provider)				
					Í			
Was the hedge superintegrated?		:			ें ज्यूर			
					N			
1		×		27.5				***************************************
			1000	4				
c Term of GIC)					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
nization established written procedures to monitor the requirem	{		- I					
section 148?	À					_		
Part V Procedures To Undertake Corrective Action								
	A		В		C		٥	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	N _o	Yes	N _O	Yes	No
federal tax requirements are timely identified and corrected through the voluntary		(A)						
closing agreement program if self-remediation isn't available under applicable		I						
regulations:	an Cahadula	K Coo instan	r.					
- 1						***************************************		***************************************
A CONTRACTOR OF THE PARTY OF TH								
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			:					
		***************************************						***************************************

SCHEDULE L

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization Employer identification number GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (**h)** Approved by board or (a) Name of (b) Relationship (c) Purpose (d) Loan to or (e) Original (i) Written (f) Balance due (g) In from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes Yes No Yes Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested persons (b) Relationship between (c) Amount of (e) Purpose of (d) Type of interested person and . assistance assistance assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's revenues? (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of person and the organization transaction transaction Yes No SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL CONTRIB 509,262. ELECTRICITY Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: SUBSTANTIAL CONTRIBUTOR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SUBSTANTIAL CONTRIBUTOR (D) DESCRIPTION OF TRANSACTION: ELECTRICITY PÜRCHASES

23-743<u>7479 Page 2</u>

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Part I Types of Property

Employer identification number 23-7437479

	tight types of troperty							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts			
1	Art - Works of art				The state of the s			
2	Art - Historical treasures				20°00	1		
3	Art - Fractional interests				* /			
4	Books and publications							
5	Clothing and household goods	X		36.398.461.	SELLING PRIC	!E		
6	Cars and other vehicles	X	57		SELLING PRIC			
7	Boats and planes				a a			
8	Intellectual property							
9	Securities - Publicly traded	X	1	6.636.	TRADE PRICE	- N	YSE	ζ
10	Securities - Closely held stock			%. <i>A</i>				
11	Securities - Partnership, LLC, or				1 9	·····		
••	trust interests			(<u> </u>				
12	Securities · Miscellaneous					~		
13	Qualified conservation contribution -							
10				loop No. 1				
14	Qualified conservation contribution - Other							
15	Real estate - Residential			, tomat				
16	Real estate - Commercial		H. H.	<u> </u>				
17	Real estate - Other		V.	7				
18	Collectibles							
19	Food inventory	e e						
20	Drugs and medical supplies	1/3	Ì					
21	Taxidermy							
22	Historical artifacts	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3					
23	Scientific specimens	- A. A.	<u> </u>					
24	Archeological artifacts	1 1						
25	Other (7)						
26	Other (- 04/ E						
27	Other • (
28	Other • (
29	Number of Forms 8283 received by the organia	zation during	the tax year for c	ontributions	<u> </u>			
_,	for which the organization completed Form 82		•				0	
		,, .		,			Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it	12.50		
	must hold for at least three years from the date			-				
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.	·				1000	19199	
31	Does the organization have a gift acceptance p	oolicy that re	aulres the review	of any nonstandard contribut	tions?	31	İ	X
	Does the organization hire or use third parties							
	contributions?		_	· •		32a		X
h	If "Yes," describe in Part II.		***************************************					
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is che	cked.			
	describe in Part II.		,po o, proport)	, mon solution (a) to only				

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019 GOODWILL INDUSTRIES OF SOUTHERN NEVADA 23-7437479 Page Part II Supplemental Information. Provide the information required by Part I lines 30h, 32h, and 33, and whether the organization
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
The part of any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE NUMBER IN LINE 6, COLUMN (B) REFLECTS THE NUMBER OF ITEMS
CONTRIBUTED. THE NUMBER IN LINE 9, COLUMN (B) REFLECTS THE NUMBER OF
CONTRIBUTIONS.
H H
<u> </u>

SCHEDULE O

932211 09-06-19

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN NEVADA

Employer identification number 23-7437479

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISABILITIES AND OTHER BARRIERS TO MAXIMIZE THE QUALITY OF LIFE FOR
EACH INDIVIDUAL SERVED.
FORM 990, PART VI, SECTION A, LINE 1:
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE WITH THE POWER TO EXECUTE THE
DECISIONS AND DIRECTIVES OF THE BOARD OF DIRECTORS. IN THAT CAPACITY, THE
EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION,
OR TO DELEGATE AUTHORITY TO ACT ON BEHALF OF THE ORGANIZATION, AS THE
COMMITTEE DEEMS NEEDFUL OR CONVENIENT FOR THE SUCCESSFUL PROSECUTION OF THE
ORGANIZATION'S PURPOSES AND OPERATIONS. THE MEMBERS OF THE EXECUTIVE
COMMITTEE ARE THE BOARD CHAIR, VICE-CHAIR, SECRETARY, TREASURER,
PRESIDENT/CEO AND THE CHAIR OF THE BOARD DEVELOPMENT AND GOVERNANCE
COMMITTEE AND THE CHAIR OF THE AUDIT COMMITTEE. ANY THREE MEMBERS
CONSTITUTE A QUORUM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL
PRIOR TO FILING. THE APPROVED 990 IS POSTED TO THE BOARD PORTAL PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
STATEMENTS CONCERNING CONFLICT OF INTEREST AND ORGANIZATION POLICIES ARE
DISTRIBUTED, REVIEWED AND SIGNED BY ORGANIZATION'S MEMBERS ANNUALLY. IN
ADDITION TO THE ANNUAL STATEMENT, AT THE BOARD LEVEL, BY-LAWS ARE IN PLACE
THAT WOULD EXCUSE ANY MEMBER OF THE BOARD FROM PARTICIPATING IN A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

DISCUSSION OR VOTE REGARDING ANY SUBJECT OR TRANSACTION THAT WAS NOT AT

ARM'S LENGTH. AT THE INTERNAL LEADERSHIP TEAM LEVEL, ALL DIRECTORS AND

ABOVE ARE REQUIRED TO REPORT ANY ACTIVITIES THAT MIGHT INVOLVE A BOARD

MEMBER OR BE A POTENTIAL CONFLICT OF INTEREST. THIS INFORMATION IS THEN

TAKEN TO THE BOARD FOR REVIEW. THE BOARD WOULD THEN DETERMINE IF THERE WAS

A VIOLATION AND WHAT ACTION WOULD BE TAKEN, UP TO AND INCLUDING DISMISSAL

FROM THE BOARD.

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

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION SURVEYS FROM THE NATIONAL
GOODWILL INDUSTRIES INTERNATIONAL ORGANIZATION. IN ADDITION, A
COMPENSATION SURVEY FROM A NATIONALLY RECOGNIZED COMPANY IS COMMISSIONED.
THE COMPENSATION PACKAGES FOR TOP MANAGEMENT & COMPENSATED OFFICERS ARE
PERCENTILE RANKED AGAINST THIS DATA. FOR THE CEO, A WRITTEN PERFORMANCE
EVALUATION, INCLUDING COMPENSATION, IS PREPARED, DELIBERATED, COMPARED TO
INDUSTRY DATA AND APPROVED ANNUALLY BY THE BOARD OF DIRECTOR'S COMPENSATION
COMMITTEE. THIS PROCESS WAS LAST UNDERTAKEN IN 2019.

FORM 990, PART VI SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 3B

THE SINGLE AUDIT HAS NOT YET BEEN RELEASED AT THE TIME OF 990 FILING.

AUDIT COMPLETION WAS DELAYED DUE TO A COVID RELATED SHUT DOWN BY A KEY

PARTNER (WORKFORCE CONNECTIONS) WHICH PRECLUDED AUDITOR'S ACCESS TO

RECORDS KEY TO THE AUDIT.