

EBSA/PUBLIC DISCLOSURE

2019 FEB 15 PM 2:44

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

2520191430115

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Goodwill Industries of Northern Illinois and Wisconsin Stateline Area

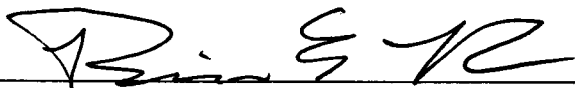
Employer's Address: 850 N. Church St, Rockford, IL 61103-6919

Employer Identification Number: 36-2167846

457 (b) Eligible Deferred Compensation Plan, which covers 6 Participants.

Total Number of Plans: 1

Employer's Name: Goodwill Industries of Northern Illinois and Wisconsin Stateline Area
Plan Administrator of the Plans Specified Above

By: 

Date: 1/24, 2019.

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FOUR WESTBROOK CORPORATE CENTER SUITE 240
WESTCHESTER IL 60154-5736

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