## Form **990**

### **Return of Organization Exempt From Income Tax**

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

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

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning and e	ending		
Вс	heck if oplicable	C Name of organization GOODWILL INDUSTRIES OF GREATER GRAND		D Employer identific	ation number
_	Addres				
	Name change	Doing business as		38-61130	19
	]Initial  return  Final	Number and street (or P.O. box if mail is not delivered to street address) 3035 PRAIRIE STREET SW	Room/suite	E Telephone number 616-532-4	
_	Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	45,452,515.
Γ.	Amend			H(a) Is this a group re	
	Applica tion	F Name and address of principal officer: SCOTT DILLARD		for subordinates	
	pending		418	H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) 0	r 🔲 527	If "No," attach a	list. See instructions
		e:▶ WWW.GOODWILLGR.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1966 N	State of legal domicile: MI
Pa		Summary			
9	1 !	Briefly describe the organization's mission or most significant activities: OUR N	IISSIO		
Governance		AND COMMUNITIES THROUGH THE POWER OF WORK		E ACCOMPLISH	
er a		Check this box if the organization discontinued its operations or dispos		1 . 1	ets.
Ş	l			3	13
98 00		Number of independent voting members of the governing body (Part VI, line 1b)  Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)			1200
ties		Fotal number of individuals employed in catendar year 2021 (Fart V, line 2a)			293
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		in the second of		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		12,983,866.	12,024,647.
Revenue	l .	Program service revenue (Part VIII, line 2g)	NE2242 SATE	22,682,897.	32,764,975.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		137,732.	405,767.
Ť		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		228,696.	257,126.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.000	36,033,191.	45,452,515.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,809,897.	19,189,914.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	16,930,926.	20 060 620
	'''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,740,823.	20,069,629. 39,259,543.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12		3,292,368.	6,192,972.
		neveriue less expenses. Subtract line to from line 12		eginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)	-	12,031,006.	15,128,237.
ASSI	21	Total llabilities (Part X, line 26)		4,941,111.	1,845,370.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		7,089,895.	13,282,867.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is/based on all information of wi	nich preparei		
		- July			- 2022
Sig	n	Signature of officer		Date	
Her	e	SCOTT DILLARD, PRESIDENT & CEO			
_		Type or print name and title		Date Check [	PTIN
D - 1		Print/Type preparer's name Preparer's signature	- 1	L H	<b>—</b> I
Paid		JEFFREY E. HERT, CPA JEFFREY E. HERT Firm's name REHMANN ROBSON LLC	, CPA	04/15/22 self-emplo	
	parer Only	Firm's address 2330 EAST PARIS AVE SE		Firm's EIN 🕨	20-22012TT
490	July	GRAND RAPIDS, MI 49546		Phone no 61	.6-975-4100
Ma	v the li	RS discuss this return with the preparer shown above? See instructions	NORTH PROPERTY.	1 Hone Ho. 9 4	X Yes No
	01 12-0		ons.		Form <b>990</b> (2021)

132002 12-09-21

Form 990 (2021) RAPIDS INC
Part IV Checklist of Required Schedules

_	1	1	3	Λ	A	۵	_	2	
n	- 1		.5	IJ	4	ч	Page	3	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110_
	ff "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
	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? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	- 1	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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
		$\vdash$	-	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ا ۾ ا		X
_	Schedule D, Part III	8		Α.
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?			72
	if "Yes," complete Schedule D, Part IV	9		X
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, VIII, VIII, IX, or X,	(All)		
	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	Х	
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		X
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	110		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
IZG		12a		X
6	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<del></del>
D	- · · · · · · · · · · · · · · · · · · ·	12b	Х	
40	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	13		X
13	metal and the state of the stat			X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	$\vdash$	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\perp$	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\Box$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
12200	3 12.00.21		990	_

Form 990 (2021) RAPIDS INC
Part IV Checklist of Required Schedules (continued)

			Yeş	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		х	
04	Schedule J	23		
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			
	· · · · · · · · · · · · · · · · · · ·	24a	!	х
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	<u> </u>	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%		1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	]		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21	Gard	
20	instructions for applicable filing thresholds, conditions, and exceptions):		185	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		-	
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	1	<b>└</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	1	<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	35		<del>                                     </del>
<b>Q-7</b>	Part V, line 1	34	X	
35 a		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			$\Box$
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	₩	<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Da	Note: All Form 990 filers are required to complete Schedule O  It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> —</u>
ra	Check if Schedule O contains a response or note to any line in this Part V			
	Onest it delieudie o contains a response of note to any line in this Fait V		Yes	No
1.5	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	103	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b (	_	130	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1 1700	
	(gambling) winnings to prize winners?	1c	Х	
13200	14 12-09-21	Fori	n 9 <mark>90</mark>	(2021)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		l [	8166		
	filed for the calendar year ending with or within the year covered by this return	2a	1200	25	2	1000
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	ns.		HILLI		
За				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	ľ	Х
b	If "Yes," enter the name of the foreign country			1100		11831
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial /	Accoun	ts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer			5b		X
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 t					
	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
_	were not tax deductible?		g	6b		
7	Organizations that may receive deductible contributions under section 170(c).		((0000000000000000000000000000000000000	1000		maxi
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provided to the navor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	273.1869000000000000000000000000000000000000			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		1000100010000000	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file f		199 as required?	7g		<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				6	
•	and the second section is a second section of the section	•		8		-
0	Sponsoring organizations maintaining donor advised funds.			-		
•	5110			9a		
a 5				9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:			30	hom	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I .			T.
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1			
11	Section 501(c)(12) organizations. Enter:	100		181		III I
	Gross income from members or shareholders	11a	.1			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11.0	1			VC I
D.	amounts due or received from them.)	116				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12.0	1,000	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		' 1	1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			100	118	9.11
h	Enter the amount of reserves the organization is required to maintain by the states in which the			11		
•	organization is licensed to issue qualified health plans	13t	J			3
С	The control of the co					
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on School			14b	1	<del> </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur			.40	1	1
10	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment.	ent inco	me?	16		x
10	If "Yes," complete Form 4720, Schedule O.	ALL RIGG	me?	10		† <del>*</del>
17		in any			1	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17	(100)	10
	ii res, complete i unii uuus.				1	

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

RAPIDS INC Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 13 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O. X Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .... 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done. X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Other (explain on Schedule O) X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SCOTT DILLARD - 616-532-4200 49418 3035 PRAIRIE SW, GRANDVILLE, MI

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if heither the organization hi	Ji aliy related t	nga	ıııZa	แบก	COIT	iber	odli	eu any current Onicer, u	ilector, or trustee.	
(A)	(B)			(C Posi	) ition			(D)	(E)	(F)
Name and title	Average	(do	not c	heck r	nore	i than e	enc	Reportable	Reportable	Estimated
	hours per			ss per id a di				compensation	compensation	amount of
	week	-				1		from	from related	other
	(list any	director				ĺ		the	organizations (W-2/1099-MISC/	compensation
	hours for related	or d	8			훒		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	ruster	trus		ş	튙		1099-NEC)	10994420)	and related
	below	퍨	ţi E		age So	10 ag	L	1000111207		organizations
	line)	individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organication to
(1) R. SCOTT DILLARD	40.00									
PRESIDENT & CEO		<u> </u>	L_	X				259,461.	0.	17,506.
(2) DAVE BRINZA	40.00					Г				
CHIEF OPERATING OFFICER		L		X				213,881.	0.	22,754.
(3) JILL WALLACE	40.00									
CHIEF MARKETING & COMMUNIC				X		$\vdash$	L	157,792.	0.	23,736.
(4) TONY CALCAGNO	40.00									
CHIEF TALENT DEVELOPMENT O				X		_		129,948.	0.	22,624.
(5) SUSAN DOBBS	40.00		1	]				400 505		44 40-
VICE PRESIDENT OF HUMAN RE	40.00	┡	┝	X	<u> </u>	-	┡	120,795.	0.	11,185.
(6) JENNIFER MULDER	40.00	1		١				100 505		10 406
VICE PRESIDENT OF FINANCE	40.00	$\vdash$		X			⊬	120,795.	0.	10,496.
(7) THERESA VICKERS	40.00			.,			ı	111 222		E 266
VICE PRESIDENT OF CAREER D  (8) RENATE BERZKALNS	40.00	⊢	$\vdash$	X	$\vdash$	⊬	⊢	111,323.	0.	5,366.
VICE PRESIDENT OF GRANDVILLE OPERATI	40.00	1		x		l		95,493.	0.	20,901.
(9) SCOTT CHAUDOIR	2.00	$\vdash$		┢	$\vdash$	$\vdash$	$\vdash$	30,433.	0.	20,301.
CHAIR TREASURER	2.00	x		x				0.	0.	0.
(10) STEVE HARNEY	2.00	1		1		$\vdash$	┢		, ·	<u> </u>
PAST BOARD CHAIR		$1_{\mathbf{x}}$		x				0.	0.	0.
(11) JENNIFER GREENOP	2.00	1		<del> </del>	$\vdash$	$\vdash$	$\top$			
VICE CHAIR		1x		x			l	0.	0.	0.
(12) NATALYA BELAYA	2.00		Т				П			
SECRETARY		<u>  x</u>		X		L		0.	0.	0.
(13) CINDY BROWN	2.00									
DIRECTOR		X		$\perp$		$\perp$		0.	0.	0.
(14) KHUMBO SIWELA CROFT	2.00	1								
DIRECTOR		X	_	$oxed{oxed}$	$oxed{}$	$\perp$	$\perp$	0.	0.	0.
(15) CAROL HYBLE	2.00	1							_	_
DIRECTOR		X		╄	-	╄-	$\perp$	0.	0.	0.
(16) JENNIFER GRIFFIN	2.00	۱								
DIRECTOR		X	╄	$\vdash$	$\vdash$	$\perp$	1	0.	0.	0.
(17) AMY MANSFIELD	2.00	┦								_
DIRECTOR		X	Ь.					0.	0.	0.
132007 12-09-21										Form 990 (202)

132007 12-09-21

Form 990 (2021)

Page 7

RAPIDS INC

Part VII   Section A. Officers, Directors, Trust	ees, Key Emp	oloy	98,	and	Hig	ghes	t Co	empensated Employee	s (continued)				_
(A)	(C)						(D)	(E)		{F	F)		
Name and title	Average	Position (do not check more than one					wa.	Reportable	Reportable		Estim	nated	
	hours per	box	unles	ss per	rson l	ls both	an	compensation	compensation	1		unt of	
	week	-	cer an	oad	irecto	or/trus	00)	from	from related			ner	
	(list any hours for	iecto						the	organizations	C		nsation	l
	related	5	8			ated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)			the	
	organizations	ustee	trus		g			1099-NEC)	1099-NEC)		~	ization elated	
	below	曹	tional	١.	ş		_	1033-1120)				zations	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуєе	Highest compensated employee	Former			`			
(18) MIKE MAIER	2.00			Ť	Ť					$\top$			_
DIRECTOR		x						0.	0			0	
(19) DENNY STURTEVANT	2.00			Г	П	$\top$				$\top$			_
DIRECTOR		x						0.	0	.		0	
(20) LISA VANDEWBERT	2.00	П	Г		П	Т				$\top$			_
DIRECTOR		x				1	l	0.	0			0	
(21) ELIZABETH WILSON	2.00	П					П			$\top$			_
DIRECTOR		x						0.	0			0	
			П	П		П				$\top$			
		1											
						Т				$\top$			_
		1		<u> </u>									
			Г	Г		П				Т			
		<u> </u>								丄			
										$\perp$			
								<u> </u>					
1b Subtotal					LONG	100.00		1,209,488.			<u>134</u>	,568	
c Total from continuation sheets to Part VI								0.		•			١.
d Total (add lines 1b and 1c)							$\triangleright$	1,209,488.	0	. 1	134	,568	•
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	o re	eceived more than \$100,	000 of reportable				
compensation from the organization					_								7
										(77)	Y	es N	<u> </u>
3 Did the organization list any former officer.			-		•		_		-				
line 1a? If "Yes," complete Schedule J for s	uch individual	3.6				000000				-	3	12	_
4 For any individual listed on line 1a, is the st												10	
and related organizations greater than \$15	0,000? If "Yes	, * cc	mpi	ete	Sch	edul	9 J I	for such individual		. L	4	X L	_
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elate	ed organization or indivi	dual for services	U.			
rendered to the organization? # "Yes." con	plete Schedul	e J	for s	uch	Der	son					5		<u> </u>
Section B. Independent Contractors													_
Complete this table for your five highest co										satio	n from	ו	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		rear.				_
(A) Name and business	addrose	3.7	ONT	-				(B) Description of s	enices	Cor	(C) npens		
- Traine and business	addiess	N	ON	<u>r</u>				Description of	361 ¥1063			- CONT	-
<del>_</del>								_		—			
		-											_
													_
-													_
2 Total number of independent contractors (	including but r	not li	mite	nd to	the	se li	ster	Lahove) who received m	ore than	11-1	OUL	12.0	111
\$100,000 of compensation from the organ	-	.51 1				0	J. UL		- www.mill				
grouped or componential from the organ			_					·			0	90 (20	-

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under business revenue function revenue sections 512 - 514 111,359 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 1c Fundraising events d Related organizations **1d** 3,477,921 Government grants (contributions) 1e f All other contributions, gifts, grants, and 0,435,367, similar amounts not included above 1f 8,363,644. 1g |\$ g Noncash contributions included in lines 1a-1f 12,024,647. h Total. Add lines 1a-1f **Business Code** 2 a STORE AND SALVAGE SALES 900099 31,933,327, 31933327 Program Service FEES FOR SERVICES 900099 831,645, 831,645 FOOD SERVICE SALES 900099 All other program service revenue 32,764,975. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 273,017, 273,017, other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 14,569. 6 a Gross rents 6a b Less: rental expenses 14,569. c Rental income or (loss) 14,569. 14,569. d Net rental income or (loss) ▶ (ii) Other (i) Securities 7 a Gross amount from sales of 132,750 assets other than inventory b Less: cost or other basis. Revenue and sales expenses 132,750. c Gain or (loss) 132,750. 132,750. d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses \_\_\_\_\_9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a MISCELLANEOUS 900099 242,557. 242,557. d All other revenue 242,557. Total. Add lines 11a-11d 45,452,515. 32764975. 0. 662,893. Total revenue. See instructions Form 990 (2021) 132009 12-09-21

Form 990 (2021) RAPIDS INC
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		ar organizations must com	plete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	<u></u>			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				105
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				(0 )
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,	1,344,056.	1,189,044.	155,012.	
	trustees, and key employees Compensation not included above to disqualified	1,344,030.	1,103,044.	133,012.	
6					
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,370,286.	12,712,935.	1,657,351.	
8	Pension plan accruals and contributions (include		,,	2,00.,0021	
٠	section 401(k) and 403(b) employer contributions)	140,744.	97,849.	42,895.	
9	Other employee benefits	1,797,345.		159,059.	
10	Payroll taxes	1,537,483.	1,373,143.	164,340.	
11	Fees for services (nonemployees):				
	Management			ľ	
	Legal	12,784.	1,814.	10,970.	
	Accounting	44,466.		44,466.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17		BEET MAINT HER		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	294,800.		78,652.	
12	Advertising and promotion	91,679.		6,469.	
13	Office expenses	76,605.	58,369.	18,236.	
14	Information technology			1,5	<del></del>
15	Royalties		- 4 000		
16	Occupancy	5,667,112.	5,455,802.	211,310.	
17	Travel	47,562.	38,752.	8,810.	<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 620	10 010	2 710	
19	Conferences, conventions, and meetings	14,629.	10,919.	3,710.	
20	Interest				
21	Payments to affiliates  Depreciation, depletion, and amortization	586,717.	485,747.	100,970.	
22 23	leaves as	300,111.	203,727+	200,370+	
23	Other expenses. Itemize expenses not covered	SI II I SIII SI II		SOUTH TOTAL TO	
24	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.)				
а	RETAIL PROGRAM - COST O	10,025,712.	10,025,712.		
b	BANK FEES	717,963.		19,198.	
c	SHIPPING & POSTAGE	630,336.		1,312.	
d	SOFTWARE PROCESS FEES	420,290.	40,525.	379,765.	
-	All other expenses	1,438,974.	1,275,110.	163,864.	
25	Total functional expenses. Add lines 1 through 24e	39,259,543.	36,033,154.	3,226,389.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	1,000				

132010 12-09-21

Form 990 (2021) RAPIDS INC

ar	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		Т	
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			3,189,090.	1	6,698,252
- 1	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	174,123.	3	65,697		
	4	Accounts receivable, net	310,779.	4	664,002		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst			8 2 1 1 V W 1 2 2 3		
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit	ied pers				Wear Division is
		under section 4958(f)(1)), and persons described	•	·		6	
	7	Notes and loans receivable, net				7	
2000	8	Inventories for sale or use			926,609.	8	861,374
Ž	9	Prepaid expenses and deferred charges			502,085.	9	605,096
	_	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	13,626,640.		800	
	ь	Less: accumulated depreciation	10b	9,747,592.	3,477,011.	10c	3,879,048
	11	Investments - publicly traded securities			3,451,309.	11	2,354,768
	12	Investments - other securities. See Part IV, line 1				12	_,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			12,031,006.	16	15,128,237
	17	Accounts payable and accrued expenses			1,470,386.	17	1,242,721
	18	Grants payable				18	
	19	Deferred revenue		19			
	20			20			
	21	Escrow or custodial account liability. Complete		f Schedule D		21	
_	22	Loans and other payables to any current or forn		200000000000000000000000000000000000000			
5		trustee, key employee, creator or founder, subsi					
5		controlled entity or family member of any of the				22	
Liabillues	23	Secured mortgages and notes payable to unrela				23	· -
	24	Unsecured notes and loans payable to unrelated			2,740,045.	24	0
	25	Other liabilities (including federal income tax, pa					<u> </u>
		parties, and other liabilities not included on lines					
			•	,	730,680.	25	602,649
	26	Tatal Bak Batan Add Sana 17 through 05			4,941,111.	26	1,845,370
		Organizations that follow FASB ASC 958, che			a akimi ili il	3000	
S		and complete lines 27, 28, 32, and 33.					
Ĕ	27				7,034,895.	27	13,204,900
20	28				55,000.	28	77,967
2		Organizations that do not follow FASB ASC 9			3111 31111	1012	
Ē		and complete lines 29 through 33.				2111	
5	29	Capital stock or trust principal, or current funds			29		
3	30	Paid-in or capital surplus, or land, building, or ea				30	
3	31	Retained earnings, endowment, accumulated in			·	31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,089,895.	_	13,282,867
Z	33	Total liabilities and net assets/fund balances			12,031,006.		15,128,237
_	33	rough machines and riot association of baidiness				. •••	Form <b>990</b> (20

132011 12-09-21

### GOODWILL INDUSTRIES OF GREATER GRAND

	990 (2021) RAPIDS INC	38-6	<u>113049</u>	Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			45 45	a =	1 -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,45	2,5	15.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,25	_	
3	Revenue less expenses. Subtract line 2 from line 1	3	6,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,08	9,8	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,28	2,8	67.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				104993
	If the organization changed its method of accounting from a prior year or checked *Other,* explain on Schedule	Ο.	177		
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		9/8	77
	separate basis, consolidated basis, or both:		1 7	mn=	[84]
	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			-41	
	consolidated basis, or both:			X	1000
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		100		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	And and ONE Charles A 4000	Sea Leader	3a		X
h	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	- Ja		<del></del>
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ou audit	3b		
	or addits, explain this on contaction and describe any steps taxen to undergo such addits			990	(2021)
			1 0111	1 222	(2021)

### **SCHEDULE A**

(Form 990)

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.

2021

Open to Public Inspection

Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Employer identification number 38-6113049

Part		Reason for Public C	harity Status. $\psi$	All organizations must co	omplete th	is part.) Se	e instructions.					
The or	gani	zation is not a private founda	ition because it is: (F	or lines 1 through 12, ch	eck only o	ne box.)						
1 🗍	Ť	A church, convention of chu		_			KAND.					
2	=	A school described in section										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Ħ											
7 _	_	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
5	$\neg$	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3 L		section 170(b)(1)(A)(iv). (C		ege of university owned	or operate	d by a go	reminental unit describe	Q III				
ء ٦	$\neg$	A federal, state, or local gov		antal unit described in	ection 17	OLEVAVAVA	A.					
7	╡	An organization that normal	•				•	ublic described in				
′ –		section 170(b)(1)(A)(vi). (Co	•	mai part of its support in	uiii a gove	manoritai t	init or ironi the general p	Jubiic described in				
<b>.</b> Г	$\neg$		•	WAVul) (Complete Bort	11.3							
å	╡	A community trust describe			•	d in coniu	nation with a land grant	collogo				
9 _		An agricultural research org				-	-	_				
		or university or a non-land-g	rant college of agricu	mure (see mstructions).	enter the r	іапів, сяту,	and state of the college	UI				
10	97	university: An organization that normal	hrannahan (4) anna A	han 22 4 /20/ of the even			- mambambin face and	l arona rossinto from				
10 [2	<u> </u>	•	•	• • • • • • • • • • • • • • • • • • • •								
		activities related to its exem										
		income and unrelated busin See section 509(a)(2). (Con	,	less section 5 i i tax) iro	iii busines	ses acquir	ed by the organization a	iter Julie 30, 1973.				
44 [	$\neg$		•	ok to toot for public oof	obi Soo e	nastian EO	0/51/41					
11 L	╡	An organization organized a An organization organized a	•	•	-			numacos of one or				
12 _												
		more publicly supported org lines 12a through 12d that of						Meck are box on				
_		¬						niulna				
а	_	Type I. A supporting orga	*			_	****					
		the supported organization			majority o	i ille ullec	tors or trustees or trie st	pporting				
		organization. You must c			ion with its	. ou poorto	d arganization(a) bu bay	ina				
b	_	J Type II. A supporting orga						=				
		control or management of			ille bersoi	iis triat coi	itioi or manage me supp	Junted				
	_	organization(s). You must			in connect	ion with a	ad functionally integrate	ard saviths				
C	_	Type III functionally integrated arganization						ed with,				
al		its supported organization				-	•	ration(a)				
a	_	☐ Type III non-functionally										
		that is not functionally into	•	_	•		•	veness				
_		requirement (see instructi		-								
е	_	☐ Check this box if the orga					Type I, Type II, Type III					
	F	functionally integrated, or										
		or the number of supported o	27 47 47 47 47	d oversitation(s)								
_ 9		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)				
				above (see Instructions))	100	110						
					ŀ							
_												
							L	I				

	APIDS INC				38-611	3049 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
(Complete only if you checked			_	n failed to qualify u	inder Part III. If the	organization
fails to qualify under the tests	listed below, plea	ise complete Part I	II.)			
Section A. Public Support					· -	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not				ļ.		
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		1	ļ			
3 The value of services or facilities						ļ
furnished by a governmental unit to						
the organization without charge						_
4 Total. Add lines 1 through 3						
5 The portion of total contributions						1
by each person (other than a		A	180			
governmental unit or publicly	L V Volt	1 2		Y = *Y_U		
supported organization) included					35	
on line 1 that exceeds 2% of the amount shown on line 11,						
antuma (6)		imilie i ii			15,000	
announcement and a second						<del>                                     </del>
6 Public support. Subtract line 4 from line 4. Section B. Total Support	<u> </u>		0			<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	(8) 2017	(6) 2010	(6) 2018	(0) 2020	(6) 2021	(I) Total
8 Gross income from interest.				<u> </u>		<del> </del>
dividends, payments received on					1	
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the	İ					
business is regularly carried on						
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities,	etc. (see instructi	ions)			12	
13 First 5 years. If the Form 990 is for the						
organization, check this box and sto						
Section C. Computation of Publ	c Support Pe	rcentage				
14 Public support percentage for 2021 (					14	%
15 Public support percentage from 2020						%
16a 33 1/3% support test - 2021. If the	organization did n	ot check the box o				
stop here. The organization qualifies		_				
b 33 1/3% support test - 2020. If the				d line 15 is 33 1/39	% or more, check to	his box
and stop here. The organization qua						
17a 10% -facts-and-circumstances test	: - 2021. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,

Schedule A (Form 990) 2021

and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2021

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9197160.	9397256.	8740692.	12983866.	<u> 12024647.</u>	52343621.
2	Gross receipts from admissions,						
	merchandise sold or services per-						ļ
	formed, or facilities furnished in any activity that is related to the	1					
	organization's tax-exempt purpose	25870408.	26969298.	27276977.	22682897.	<u>32764975.</u>	135564555
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				1		
	iness under section 513						<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	}					ļ.
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				ł		
6	Total. Add lines 1 through 5	35067568.	36366554.	36017669.	35666763.	44789622.	187908176
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		500,000.				500,000.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b		500,000.				500,000.
	Public support. (Subtract line 7c from line 6.)				Real S	00%3W_0	187408176
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	35067568.	36366554.	36017669.	35666763.	44789622.	187908176
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	1					
	and income from similar sources	506.	7,411.	16,569.	27,007.	287,586.	339,079.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	506.	7,411.	16,569.	27,007.	287,586.	339,079.
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is		i				
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	225,522.		104,289.			
13	Total support. (Add lines 9, 10c, 11, and 12.)	35293596.	36476044.	36138527.	35906772.	45319765.	189134704
14	First 5 years. If the Form 990 is for t	he organization's f	rst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3) organizat	ion,
_	check this box and stop here					*************************	,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			SENSET SEED	50000
15	Public support percentage for 2021	(line 8, column (f), c	divided by line 13,	column (f))		15	99.09 %
16	Public support percentage from 202	0 Schedule A, Part	III, line 15			16	99.26 %
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 2	021 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	.18 %
18	Investment income percentage from					18	.03 %
19a	33 1/3% support tests - 2021. If th	e organization did				33 1/3%, and line	
	more than 33 1/3%, check this box a						<b>►</b> X
k	33 1/3% support tests - 2020. If th	-			-		and
	line 18 is not more than 33 1/3%, ch						
20						•	▶□
1320	23 01-04-22						A (Form 990) 2021

38-6113049 Page 4

### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

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

	Yes	No
1	1000	1000
5.05	111111	
2	0.01	6000
3a		
	E///=	
3b	100	III(O)
3c		
4a		
	Ш	5.0
4b		
146		
4c		
5a		
Eb.		
5b 5c		
1	9	70.0
6		
7	2000	11.00
positive s		4
8		-
9a		-
9b		
9c		special in
1,111,18		
40		1 11
10a		
10b		
dule A (Fo	rm 990	0) 2021

132024 01-04-21

Sched

how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

За

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	) Organi	izations	120000000000000000000000000000000000000
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	Nov. 20, 1970 ( explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must		•	
ect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion 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):	Bank &		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	1000	resta i citud ka	The second second
	(explain in detail in Part VI):	42511		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	33 118 1111	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

### GOODWILL INDUSTRIES OF GREATER GRAND

Schedule A	(Form 990) 2021	RAPIDS :	INC			38-6113049	Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	<b>nation.</b> Provide 2, 3b, 3c, 4b, 4 ines 2 and 3: Pa	de the explanations r c, 5a, 6, 9a, 9b, 9c, 1 art IV. Section E. lines	1a, 11b, and 11c; Part : 1c, 2a, 2b, 3a, and 3b	: IV, Section B, lines 1 a b: Part V. line 1: Part V.	7b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Par	C.
	(See instructions.)	o, and rait v, or	50ttorr E, 11103 E, 0, 41	id of reso complete the	S part of any addition	a mornadon	
					*		
					-2/4	100	
		,,,,,,					
0					,		-
			<u> </u>				
						1000	
	я.						
			32.0				
					1.46		_
95							
					1,100		
						10.000	
					-		
			12 12				
<u> </u>				178-W		87	
-		<del></del>				200.0	
			-8'-8W			-45	

### Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
OODWILL IND OF					
RAND RAPIDS FOUNDAT	0.	500,000.	0.	0.	0
				-	
				<del>-</del>	
<u> </u>				<u> </u>	
				-	
otal to Schedule A, art III, Line 7a		500,000.			

### SCHEDULE D (Form 990)

### 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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

RAPIDS INC

Go to www.irs.gov/Form990 for instructions and the latest information. GOODWILL INDUSTRIES OF GREATER GRAND

**Employer identification number** 

38-6113049

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

### GOODWILL INDUSTRIES OF GREATER GRAND

1000	tule D (Form 990) 2021 RAPIDS						113049	
Par	3							d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ake signi	ficant use of it	6	
	collection items (check all that apply):							
a	Public exhibition	d		change program				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's co	•	•	* 67°			rt XIII.	
5	During the year, did the organization solicit o		1.	· ·				
	to be sold to raise funds rather than to be ma						Yes	No_
Par	Escrow and Custodial Arran		ete if the organizat	ion answered "Ye	s" on Fo	rm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi		-			_	<b>_</b> 1	<u> </u>
	on Form 990, Part X?			***************************************			Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A	
							Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f	<b>—</b>	
	Did the organization include an amount on F						Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII.							
rai	t V Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years t		Three years ba	ck (e) Four ye	are hack
	O to the afficient below of	(a) Current year	(D) FIIOI year	(C) TWO years t	Jack (U	f Timee years ou	A (G) FOUL Y	ans back
18	Beginning of year balance			-	_			-
þ	Contributions			-	<del>-  </del>			
C	Net investment earnings, gains, and losses			-	-			
d	Grants or scholarships				-			
е	Other expenditures for facilities			1				
	and programs			-	_			
T	Administrative expenses			+	-			
g	End of year balance		o Cino do polymon	(-)\ \ -  -)	1			
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) neio as:				
8I L	Board designated or quasi-endowment Permanent endowment P	%						
D								
G	Term endowment  The percentages on lines 2a, 2b, and 2c sho	• •						
-	Are there endowment funds not in the posse	·	ation that are hold	and administered	l for the	organization		
Ja		ssion of the organiza	ation that are neid	and administered	i ioi tric	organization	ſγ	es No
	by: (i) Unrelated organizations							- 110
	(ii) Related organizations							+-
b	If "Yes" on line 3a(ii), are the related organiza							$\vdash$
4	Describe in Part XIII the intended uses of the							
_	t VI Land, Buildings, and Equipm		Windlik Idilds.					
	Complete if the organization answere		0. Part IV. line 11a	. See Form 990, F	art X. lin	ne 10.		
	Description of property	(a) Cost or	1	ost or other	_	umulated	(d) Book	value
	Description of property	basis (invest		is (other)		eciation	(a) Book	, aido
10	Land	<del>- i</del>	<del></del>	15,421.		N = = = 0 = 1	515	,421.
	Buildings			72,991.	4.9	47,516.	1,825	
	Leasehold improvements			76,205.		15,326.		,879.
	Equipment			00,172.		84,750.		,422.
	Other			61,851.				,851.
	I. Add lines 1a through 1e. (Column (d) must			<del></del>			3,879	

Schedule D (Form 990) 2021

RA	D	T	DC	9 Т	N	7
KA	r	Т	Dδ	i I	.Nt	_

Part VII	Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Descript	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	l derivatives	(-,	(4)	,
	held equity interests			
3) Other				
(A)				
(B)			åe	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
lotal, (Col. (b	o) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	i-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) ▶ ☐ Other Assets.			
	Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Destruction
	(a) L	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				<u> </u>
(5)				
(6)				
<u>{7}</u>		<del>.</del>		
(8)		***		l I
(9) Total. (Colu Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
rartA	Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Bort V line 25	
	(a) Description of liability	on contrago, mart IV, IIN9	THE OF THE GET FORM 980, Part A, IME 23	(b) Book value
1				(b) Dook value
	deral income taxes EFERRED GAIN ON SALE			602,649
	FERRED GAIN ON SALE			002,049
(3)				1
<u>(4)</u>				
(5)				
(C)				1
(6)				+
(7)				
(7) (8)			<del></del>	
(7) (8) (9)	ımn (b) must equal Form 990. Part X. col. (B) line			602,649

132053 10-28-21

Schedule D (Form 990) 2021

RAPIDS INC

	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	- Tage :
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		11_97	
а	Net unrealized gains (losses) on investments	2a	0.00	
b	Donated services and use of facilities		8 1	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.71	- 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		1/30	
þ	Other (Describe in Part XIII.)		40	
c	Add lines 4a and 4b			
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1		o ieu.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments		100	
c	Other losses		132	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	100000000000000000000000000000000000000	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		12.12	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	(6)(7)	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1)	3.)	5	<del></del>
	rt XIII Supplemental Information.			
Prov	ide 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, lin	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information.		
וגמ	om v ithia 2.			
PA	RT X, LINE 2:			
THIT!	E ORGANIZATION ANALYZES ITS INCOME TAX 1	דו.דאם פספדייו	ONG TH THE E	EDERAL.
111.	E ORGANIZATION ANABIZES ITS INCOME TAX	HILLIAG FOBILL	OND IN THE P	EDEKAH
ΔN	D STATE JURISDICTIONS WHERE IT IS REQUI	ד אודא מיי מא?	NCOME TAX RE	TURNS
ZIII.	D DIAIR COMIDDICITORD WIRKE IT ID MEGOT	KDD TO TIBLE I	HOOME AIM KE	1014107
FO	R ALL OPEN TAX YEARS IN THESE JURISDICT:	IONS. TO IDEN	TIFY POTENTI	AL
				·
UN	CERTAIN TAX POSITIONS. THE ORGANIZATION	N HAS EVALUAT	ED ITS INCOM	E TAX
FI	LING POSITIONS FOR FISCAL YEARS 2018 TH	ROUGH 2021, T	HE YEARS WHI	СН
RE	MAIN SUBJECT TO EXAMINATION AS OF DECEM	BER 31, 2021.	THE ORGANI	ZATION
<u>CO</u> :	NCLUDED THAT THERE ARE NO SIGNIFICANT U	NCERTAIN TAX	POSITIONS RE	QUIRING
RE	COGNITION IN THE ORGANIZATION'S CONSOLI	DATED FINANCI	AL STATEMENT	S. THE
<u>OR</u>	GANIZATION DOES NOT EXPECT THE TOTAL AM	OUNT OF UNREC	OGNIZED TAX	BENEFITS
,		an <i>a</i>		
( "	UTB") (E.G. TAX DEDUCTIONS, EXCLUSIONS,	OR CREDITS C	LAIMED OR EX	PECTED
m^	DE GLATMED \ MO GTONTETONIMIN GUANGE TH	MUD NOVO OVO	T UD MONIMUO	mue
	BE CLAIMED) TO SIGNIFICANTLY CHANGE IN	THE NEAT TWE		THE
13205	54 10-28-21		Schedule	D (Form 990) 2021

### GOODWILL INDUSTRIES OF GREATER GRAND

Schedule D (Form 990) 2021 RAPIDS INC	38-6113049 Page 5
Part XIII   Supplemental Information (continued)	
ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST	AND PENALTIES
RELATED TO UTBS AT DECEMBER 31, 2021 OR 2020, AND IS NOT AWA	ARE OF ANY
CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AUTHO	ORITIES.
	395
	140,1722
	A

### **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.

**Open to Public** 

**Employer identification number** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES OF GREATER GRAND

38-6113049 RAPIDS INC **Questions Regarding Compensation** 

			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,	HI.		III0
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1-83		
	First-class or charter travel Housing allowance or residence for personal use	Ж.		
	Travel for companions Payments for business use of personal residence	(1)		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1 4
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	- 17		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	MARKET AND ADDRESS OF THE PARKET AND ADDRESS	772
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		KKI	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			(HE)
	establish compensation of the CEO/Executive Director, but explain in Part III.			1125-2
	Compensation committee   Written employment contract	me.	15	
	X Independent compensation consultant X Compensation survey or study			
	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:		150	
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	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.		44	7211
	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			- 10
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			2500
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		0.00	
	contingent on the net earnings of:		100	
а	The organization?	6a		X
	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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			L X
	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			3
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

38-6113049

Page 2

Schedule J (Form 990) 2021

RAPIDS INC

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

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

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

		(B) Breakdown of W.	1-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(iii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) R. SCOTT DILLARD	9	259,461.	0	0.	10,378.	7,128.	276,967.	.0
SIDEN	2		0	0	0	0		0 •
(2) DAVE BRINZA	8	198,88	15,000.	0.	7,955.	14,799.	236,635.	0.
	: (	0	0	0.	.0	0.		0.
(3) JILL WALLACE	8	142,79	15,000.	0	5,712.	18,024.	181,528.	0.
63			0	0	0	0.		0.
(4) TONY CALCAGNO	8	117,80	12,140.	0.	4,712.	17,912.	152,572.	0.
-	2		0	0.	0.	0.	0.	0.
	8							
	: 🗉					:		
	2							
	3							
	₽							
	€							
	€							
	8							
	: 8							
	<u> </u>							
	€							
	(3)				:			
	8							
	8							
	8							
	ε							
	: 🗉							
	8							
	Ξ							
	8							
	▣							

Schedule J (Form 990) 2021

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information Schedule J (Form 990) 2021

Schedule J (Form 990) 20:	

### **SCHEDULE L**

(Form 990)

### **Transactions With Interested Persons**

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.

F 28C, OF 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

2021

Open To Public Inspection

Name of the or		OODWILL		ES (	OF G	REATER GRA	ND			identii		n nur	nber
	xcess Bene	efit Transaction	ons (section 5			on 501(c)(4), and sec		nizatior	ns onl	y).			
	omplete if the o	-				rt IV, line 25a or 25b	, or Form 990-EZ, Pa	urt V, lir	ne 40t	),	I		
1 (a) Name	of disqualified p	person (b) F	Relationship bet person and o	ween o rganiza	isquali ation	fied (c	e) Description of trans	saction	1		(d) (	Correc	No.
												+	
section 49	958	•				ualified persons duri			> \$ ; > \$ ;				
C	omplete if the	ount on Form 990	vered "Yes" on Part X, line 5,	Form 9 6, or 2	990·EZ, 2.	, Part V, line 38a or F	form 990, Part IV, lin	e 26; o	r if the				
	ame of ed person	(b) Relationship with organization	(c) Purpose of loan	froi	n the ization?	(e) Original principal amount	(f) Balance due	(g) defa		(h) App by boa comm	ard or I	(i) W agree	ritten ment?
		-		То	From			Yes	No	Yes	No	Yes	No
Total						<b>&gt;</b> \$							
Part III C	arants or As	ssistance Ber	nefiting Inte	reste	d Per							-	
	complete if the e of interested	organization ansy person	wered "Yes" on (b) Relationship interested per the organia	betwo	en	(c) Amount of assistance	(d) Type assistan				) Purp assista		f
									$\dashv$				
_									$\Rightarrow$				
									$\frac{1}{2}$				
									$\blacksquare$				
									士				
LHA For Pap	erwork Reduc	ction Act Notice,	see the Instru	ctions	for Fo	rm 990 or 990-EZ.			Sche	edule l	. (For	n 990	) 20:

RAPIDS INC

38-6113049 Page 2

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues
				Yes I
LOYD WILSON, JR	FOUNDATION TRUSTEE	1,569,124.	GENERAL PAR	Х
			<del>                                     </del>	
				$\vdash$
art V Supplemental Information.				
Provide additional information for response	onses to questions on Schedule L (see	instructions).		
CH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:	
A) NAME OF PERSON: FLOYD	WII.SON JR			
II, MANIE OF FEMALES. FEMALE	HEEDVILL VIL			
D) DESCRIPTION OF TRANSAC	TION: GENERAL PARTN	ER OF COMPAI	NY THAT THE	
RGANIZATION LEASES FROM	<u></u>			
- 19	W. W			
	- H			
	3. * MATE			

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

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

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Employer identification number 38-6113049

Par	t I Types of Property						
		(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 deter noncash contributio		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art · Fractional interests						
4	Books and publications	Х		36,016.	GII RECOMMENI	DED C	ALC
5	Clothing and household goods	Х		7,493,721.	GII RECOMMENI	ED C	ALC
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution ·						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate · Other			,			
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts			1			
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other ()						
27	Other						
28	Other > (						
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions			
	for which the organization completed Form 82		-				
	<b>3</b>	,				Yes	s No
30a	During the year, did the organization receive to	ov contributio	on any property rei	ported in Part I, lines 1 through	oh 28. that it	_ (E) (X)	Ove
-	must hold for at least three years from the dat	*		· · · · · · · · · · · · · · · · · · ·			
	exempt purposes for the entire holding period				15	0a	X
b	If "Yes." describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31 X	
32a				·			+
			•			32a	X
Ь	If "Yes," describe in Part II.						+
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	v for which column (s) is che	cked		
-00	describe in Part II.	oolanii (o) le	a type or propert	, ioi milion column (a) is one	onod,	1000	
	ACCOUNT IN I WILL III						_

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

Schedule M (Form 990) 2021

### GOODWILL INDUSTRIES OF GREATER GRAND

Schedule M	(Form 990) 2021 RAPIDS INC	38- <u>6113049</u>	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 30 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organiza abination of both. Also comp	tion
<del></del> :			
		2.2.2.2.2.	
		2000	
-2			
_			
	. 10-6		
		200 2000 2000	

Schedule M (Form 990) 2021

132142 11-17-21

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

■ Go to www.irs.gov/Form990 for the latest information.
GOODWILL INDUSTRIES OF GREATER GRAND
RAPIDS INC

Employer identification number 38-6113049

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDING PROGRAMS AND SERVICES TO EMPLOYEES AND PROGRAM PARTICIPANTS
WHO COME FROM OUR COMMUNITY. THESE SERVICES INCREASE WORK AND LIFE
SKILLS, ADD NEW JOB SKILLS, ADDRESS WORK BARRIERS, AND PROVIDE CAREER
PLANNING AND SUPPORT TO ASSIST PEOPLE TOWARDS THEIR FULLEST WORK
POTENTIAL. GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS HELPS
INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT INCLUDING (BUT NOT LIMITED
TO) DISABILITY, POVERTY, OFFENDER STATUS, LACK OF BASIC EDUCATION
SKILLS, AND HOMELESSNESS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WORK BARRIERS, AND PROVIDE CAREER PLANNING AND SUPPORT TO ASSIST PEOPLE
TOWARDS THEIR FULLEST WORK POTENTIAL. GOODWILL INDUSTRIES OF GREATER
GRAND RAPIDS HELPS INDIVIDUALS OVERCOME BARRIERS TO EMPLOYMENT
INCLUDING (BUT NOT LIMITED TO) DISABILITY, POVERTY, OFFENDER STATUS,
LACK OF BASIC EDUCATION SKILLS, AND HOMELESSNESS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
BETTER JOB IN THE COMMUNITY. DONATED GOODS/RETAIL ALSO GENERATES
FUNDS THAT SUPPORT GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS' MANY
WORKFORCE DEVELOPMENT PROGRAMS SERVING THE COMMUNITY PARTICIPANTS AS
DESCRIBED IN PART III SECTION 1.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LIVING IN CHRONIC POVERTY, PEOPLE RECOVERING FROM SUBSTANCE ABUSE AND
HOMELESSNESS, AND OTHERS WHO NEED ASSISTANCE TO OBTAIN AND MAINTAIN

Schedule O (Form 990) 2021

132211 11-11-21

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

OFFICERS, AND KEY EMPLOYEES INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS (THE EXECUTIVE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS) THE USE OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE BY-LAWS OF GIGGR REQUIRE THE EXECUTIVE

FINANCE COMMITTEE OF THE BOARD OF DIRECTORS TO, AMONG OTHER THINGS, ADDRESS 132212 11-11-21

EMPLOYEES AND TO ENSURE ORGANIZATIONAL COMPLIANCE WITH IRS REQUIREMENTS.

THE COMMITTEE REVIEWS SALARY SURVEYS AND REPORTS FROM BOTH FOR-PROFIT AND

NOT-FOR-PROFIT SOURCES, INCLUDING GOODWILL INDUSTRIES INTERNATIONAL, THE

MICHIGAN NON-PROFIT COMPENSATION SURVEY, GUIDESTAR, MICHIGAN ASSOCIATION OF

REHABILIATION ORGANIZATIONS (MARO), THE SOCIETY FOR HUMAN RESOURCES

MANAGEMENT (TOWERS WATSON), PAY SCALE, AND THE LIKE, TO ENSURE THAT

EXECUTIVE COMPENSATION IS COMPETITIVE BUT NOT EXCESSIVE. THE BY-LAWS

REQUIRE THE EXECUTIVE FINANCE COMMITTEE TO CONSIST OF AT LEAST THREE

DIRECTORS, AND TO MEET SEVEN TIMES PER YEAR. IT TAKES CONTEMPORANEOUS

MINUTES REGARDING ITS DELIBERATION AND DECISION-MAKING ABOUT EXECUTIVE

COMPENSATION, AND THOSE MINUTES ARE APPROVED NO LATER THAN THE NEXT MEETING

OF THE COMMITTEE.

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

GIGGR MAKES ITS FORM 990 AVAILABLE ON ITS WEBSITE, AND ON GUIDESTAR.ORG.

IT ALSO MAKES THE ANNUAL REPORT AVAILABLE ON ITS WEBSITE. GOVERNANCE

DOCUMENTS, POLICIES, AND FINANCIAL INFORMATION ARE OTHERWISE TYPICALLY MADE

AVAIALBLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VIII, LINE 1E

IN APRIL 2020 THE ORGANIZATION RECEIVED \$2,740,045 AS A LOAN

(CONDITIONAL GRANT) UNDER THE PAYROLL PROTECTION PROGRAM ("PPP") OF THE

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT ("CARES ACT"), WHICH

WAS ENACTED INTO LAW ON MARCH 28, 2020. AS OF JUNE 30, 2021, THE TERMS

OF THIS CONDITIONAL GRANT HAD BEEN SATISFIED, MEANING THE FULL AMOUNT

HAD BEEN SPENT ON ELIGIBLE EXPENSES AND THEREFORE WAS RECORDED AS

REVENUE ON THE 990. THE PPP LOAN WAS FORMALLY FORGIVEN IN ACCORDANCE

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC	Employer identification number 38-6113049
WITH THE CARES ACT IN JULY 2021.	
	-
	-
FORM 990, PART XII, LINE 2C	-
THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF THE	INDEPENDENT
AUDITOR HAS NOT CHANGED FROM PRIOR YEARS.	
	in are
	737

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

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2021

OMB No. 1545-0047

► Attach to Form 990.

Employer identification number 38-6113049 GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC Name of the organization

Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

guj					Section 5/2(b)(13) controlled entity?			990) 2021
(f) Direct controlling entity				d tax-exempt			 	Schedule R (Form 990) 2021
assets				or more relate	(f) Direct controlling entity	N/A		Sct
(e) End-of-year assets	:			use it had one	(e) Public charity status (if section 501(c)(3))	LINE 12A, I		
(d) Total income			:	IV, line 34, becar	(d)  Exempt Code P section sta	501(C)(3) LIN		
(state or ntry)	:			orm 990, Part		501(0		
(c) Legal domicile (state or foreign country)		ł		wered "Yes" on Fo	(c) Legal domicile (state or foreign country)	MICHIGAN		
(b) Primary activity				ions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	(b) Primary activity	COLLECT AND ADMINISTER FUNDS FOR GIGGR.		for Form 990.
(a) Name, address, and EIN (if applicable) of disregarded entity				Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.	(a) Name, address, and EIN of related organization	GOODWILL INDUSTRIES OF GRAND RAPIDS FOUNDATION, INC 38-3008172, 3035 PRAIRIE CSTREET GRANDVILLE MI 49418		For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132161 11-17-21 LHA

GOODWILL INDUSTRIES OF GREATER GRAND

RAPIDS INC Schedule R (Form 990) 2021

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

Page 2

38-6113049

	(a)	(p)	© ]	(D)	(e)	£	(6) (6)	Ξ	8	3	₹ 3
_	Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (retated, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	amount in box	General or Percentage managing ownership	ц -
			country)		sections 512-514)		ciocco	Yes No	K-1 (Form 1065)	Yes No	- 1
								_			
				,							
										_	
										_	
					,						
					,					_	ļ
l											
					•						
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or fust during the tax year.	anizations Taxable as poration or trust during	a Corpo	oration or Trust. Co	mplete if the organization	on answered "Yes	on Form 990, Pa	art IV, line 34	, because it had o	ле ог то	9
											ļ

(i) Section 512(b)(13)	yes No			_		_		_	_	
512										
(h) Percentage	ownership									
(g) Share of	end-of-year assets							ļ		
(f) Share of total	income									
(e) Type of entity	(C corp, S corp, or trust)									
(d) (e) (e) Direct controlling Type of entity St	entity									
(c) Legal domicite Dire	(state or foreign country)									
(b) Primary activity	1								-	
(a) Name, address, and EIN	of related organization									

Schedule R (Form 990) 2021

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	ام
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity				<u>1</u>	×	ا۔
				9	×	
		**************************************		ç	×	l
c sint, grant, or capital contribution from related organization(s)	***************************************	THE RESERVE ASSESSMENT ASSESSMENT OF THE PROPERTY OF THE PARTY OF THE		2		Ĵ.
d Loans or loan guarantees to or for related organization(s)				무	*  	.1
(a) noiteringous botales wit accommens and to accom-				- e	×	
e Loans of loan guardiness by related vigarization(s)					-	
					Þ	Ť.
f Dividends from related organization(s)				<b>=</b>	×	.1.
<ul> <li>Sale of assets to related organization(s)</li> </ul>				19	×	
				÷	×	
ח דערכוומספ טו מסספוט ווטווו ופומיפט טו שמוויבמיוטיונט	The state of the s			÷	×	l.
j Exchange of assets with related organization(s)	The second secon			=	4 2	Ι.
j Lease of facilities, equipment, or other assets to related organization(s)				=	*	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	ا
Deformance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
Defendance of contract of minimals of included by the properties of the properties o	nization(e)			Ē	×	l
The rolliance of services of membership of junioraling solicitations by reflect organizations.	inzation(s)			╄	<b> </b>	I
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)	***************************************		╀	  -	Ī
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			***************************************	9	4	П
Reimburcement paid to related organization(s) for expenses				4	×	
				10	×	l
q nembursement paid by related organization(s) for expenses						
				4	×	
r Other transfer of cash or property to related organization(s)				,	>	1.
s Other transfer of cash or property from related organization(s)			the state of the s	18	4	J
2 If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete thi	s line, including covered re	information on who must complete this line, including covered relationships and transaction thresholds.			I
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	rolved		- 1
(1)						i
W/ .						
				:		1
						- 1
						ı
(4)						١
(2)						- 1
(B) 132-183 11-17-21			Schedule R (Form 990) 2021	R (Form 9	90) 202	٦
17.11.11 001 961	44					

Page 4

# GOODWILL INDUSTRIES OF GREATER GRAND

Schedule R (Form 990) 2021

RAPIDS INC

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

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

that was not a related organization. See instructions regarding exclusion for certain investment part dersimps.	structions regarding exclus	Ston for certain inve	Skineric partnersmps.		5	(6)	3	[	٤	[3]
(g)	(a)	<u>(</u>	(2)	( N )	÷	A C		(4)	3	Ġ.
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income part (related, unrelated, 50	501(c)(3)	Share of total	Share of end-of-vear	Uispropor- tionate allocations?	Usproper Code V-UB General or Percentage lenter amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	excluded from tax under sections 512-514) Ye	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
									$\frac{1}{2}$	
										:
				H			L			
				+			$\frac{1}{1}$		$\frac{1}{2}$	
						:				
				_						
									_	
									_	
							_			
							_	_		
								Schedule	R (Forn	Schedule R (Form 990) 2021

### GOODWILL INDUSTRIES OF GREATER GRAND

Schedule R	(Form 990) 2021	RAPIDS	INC	38-6113 <u>049</u>	Page 5
Part VII	(Form 990) 2021 Supplemental Infor	mation	<u> </u>		
	Provide additional inform	ation for respor	nses to questions on Schedule R. See instructions.		
	330,3	233	<u>(C. 12479 - 11 - 24)</u>		
			78.		
					- 2
- 7.6					
					-
					70
	16364			-1	-
				Q	
Share 1				CC - 2	
-1111.0-				221	
Carrie 17 - 17					
					W.C. 17
2000					
27-12				***	
-					
					-

### **RENEWAL SOLICITATION FORM**

Full lega	Full legal name of organization GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS, INC.							
All other	All other names under which you intend to solicit							
Attorney	General File Number 5531	Telephone number (616)532-4200	_	Fax number				
Employe	r Identification Number (EIN) 38-6113049	Organization email address N/A		Organization website WWW.GOODWILL.ORG				
All items must be a	nswered. Provide additional sheets	if necessary. If you have question	ns, see the ins	structions.				
per 303	eet address of principal office son having custody of the fina 5 PRAIRIE STREET SW, GF ganization mailing address, if	ancial records. RAND RAPIDS, MI 49418	cipal office,	provide the name and address	of the			
C. Pro	ovide the address of all other	offices in Michigan.						
	been any change in the orga narize organization's current pur		ss. This sur	Yes	No Z			
Name	LESLEE LEWIS, DICKINSON &	WRIGHT		e official mail sent to your orgar	nization.			
4. Methods of	solicitation. Check all that a	oply.						
☑ Mail ☑ Telepho	ne Radio / television	Special events  Newspaper/magazines	_	specify) DONATION CENTERS explain)	_			
5. Has there b	een a change in the organiza	ition's tax status with the IR	RS since yo	Yes our last filing?	No ✓			
					7.7			

Is there any officer or director who cannot be reached at the organization's mailing address?		Name	C	Officer	Director	Name			Officer	Directo	r
there any officer or director who cannot be reached at the organization's mailing address?											4
s there any officer or director who cannot be reached at the organization's mailing address?											-
s there any officer or director who cannot be reached at the organization's malling address?											+
s there any officer or director who cannot be reached at the organization's malling address?					1						1
s there any officer or director who cannot be reached at the organization's malling address?											1
A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?							iling ad	dress	s?	Yes	No.
A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?  B. Had its solicitation registration or license denied or revoked by any jurisdiction?  C. Been the subject of a proceeding regarding any license, registration, or solicitation?  D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?  any "yes" box is checked, provide a complete explanation on a separate sheet.  Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10	Sir	nce your last registration for	m. has the organ	nization	or any of	its officers, directors, er	nplovee	s or fu	ındraisers:	Yes	Nr
B. Had its solicitation registration or license denied or revoked by any jurisdiction?  C. Been the subject of a proceeding regarding any license, registration, or solicitation?  D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?  I any "yes" box is checked, provide a complete explanation on a separate sheet.  Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 returnent period? See instructions for definition of "professional fundraiser."  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Professional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note — You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported.  Sum of all payments to / retained by PFR during year reported.  If no, enter cate contract the form)?  End date:  y	- ••	- <del>-</del>	_		•					. 🗆	V
C. Been the subject of a proceeding regarding any license, registration, or solicitation?		-	-				_				V
D. Entered into a voluntary agreement of compliance with a government agency or in a case before a count or administrative agency?  If any "yes" box is checked, provide a complete explanation on a separate sheet.  Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser."  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Professional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns    If no, enter to was your date contract to reflect the form; y   End date:			28			23 00					<b>V</b>
f any "yes" box is checked, provide a complete explanation on a separate sheet.  Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser."  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Professional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note — You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported  Walling address  If no, enter date contract ended  If no, enter date contract ended  End date:  y		· ·		_	50. 50.	50		ase		_	
Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser."  If no, go to ques A consultant is not a PFR.  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Profeditional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to fretained by PFR during year reported  Mailing address  Mailing address  If no, enter date contract ended  End date:  y					W 6 6						<b>√</b>
fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser."  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provadditional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns    Sum of all payments   Is contract in effect in effect in effect with the form)?   If no, enter date contract the form)?	fa	any "yes" box is checked, pro	ovide a complete	e explar	nation on	a separate sheet.					
fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser."  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Professional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported the form)?  Mailing address  Mailing address  If no, go to question, go to question and provided.  Professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  y		Has the organization e	naggad a prof								
A consultant is not a PFR.  If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provadditional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported  Name  Mailing address  Sum of all payments to / retained by PFR during year reported  Lif no, enter date contract ended  Lif no, enter date contract ended  End date:  y   End date:  y   End date:		rias ino organization c		eccion:	al fundra	iser (PFR) for Michia	an			Yes	No
If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provadditional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported with form)?  Name  Mailing address  Mailing address  Mailing year reported  Professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  y   End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:										Yes	
And additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.  Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.  Professional Fundraisers Under Contract for Michigan Campaigns  Sum of all payments to / retained by PFR during year reported the form)?  Mailing address  Mailing address  If no, enter date contract the form)?  End date:  y   End date:  professional Fundraisers Under Contract for Michigan Campaigns  If no, enter date contract the form)?  End date:  professional Fundraisers Under Contract for Michigan Campaigns		fundraising activity for or the current period?	either the finar See instruction	ncial ac	counting	period reported in ite	em 10		lf n		<b>√</b>
Name  Mailing address  Sum of all payments to / retained by PFR during year reported  Mailing address  Mailing address  Sum of all payments now (as you complete the form)?  If no, enter date contract ended  End date:  y	li	fundraising activity for or the current period? A consultant is not a P	either the finar See instruction PFR.	ncial ac ns for c	ccounting definition	period reported in ite of "professional fund	em 10 raiser."			o, go to c	-
Name  Mailing address  Sum of all payments to / retained by PFR during year reported  Mailing address  Maili	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lindditional sheets if necess  Note – You are required to	either the finar See instruction PFR. st all PFRs that sary. Provide of	ncial ad ns for d at your d copies d	occounting definition organiza of contra under co	g period reported in ite of "professional fund ation has engaged for acts for each PFR liste	em 10 raiser." Michiga ed if not ampaig	an fur t alrea	ndraising ac ady provided e currently i	ctivity. F	ques Prov
y	а	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lindditional sheets if necess  Note – You are required to	either the finar See instruction PFR. st all PFRs that sary. Provide of	ncial ad ns for d at your d copies d	occounting definition organiza of contra under co	g period reported in ite of "professional fund ation has engaged for acts for each PFR liste	em 10 raiser." Michiga ed if not ampaig	an fur t alrea	ndraising ac ady provided e currently i	ctivity. F	ques Prov
n	г	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your a copies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effenow (as complete)	an fur t alrea ns are act cot s you lete	ady provided e currently in mpaigns if no, enter date contra	ctivity. F	ques Prov
y	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your a copies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effenow (as complete)	ract syou lete m)?	if no, ente	ctivity. F	ques Prov
y	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your a copies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if note ampaig  chigates  is contain effenow (as complethe for	an fur t alrea ns and n Ca ract ect s you lete m)?	if no, ente	ctivity. F	ques
n End date:	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your a copies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if note ampaig  chigates  is content in effection (as complete for	ract cyou lete m)?	if no, ente	ctivity. F	ques
End date:	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your a copies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effenow (as complete for yellow)	ract est you lete m)?	if no, enter date contra ended End date:	ctivity. F	ques Prov
	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your accopies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effenow (as complete for yellow)	ract est you lete m)?	if no, enter date contra ended End date:	ctivity. F	ques Prov
	8	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your accopies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effinow (as complete for y  y	ract syou lete m)?	if no, enter date contra ended End date:	ctivity. F	ques Prov
n 🗆	a	fundraising activity for or the current period? A consultant is not a P  f yes, in the chart below lidditional sheets if necess  Note – You are required to  Professional	either the finar See instruction PFR.  st all PFRs that sary. Provide of the verify that all all Fundrais	ncial ad ns for contact at your accopies of PFRs	organiza of contra  under co	g period reported in its of "professional fund ation has engaged for acts for each PFR lists ontract for Michigan contract for Michi	em 10 raiser."  Michigated if not ampaig  chigat  Is cont in effence (as complete for y)  n	ract syou lete m)?	if no, enter date contra ended End date:	ctivity. F	ques

6. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the

10.	10. All organizations must report on their most recently completed financial accounting period.					
Check the box to indicate the type of return filed with the IRS and follow the instructions:						
		Form 9	90 or 990-EZ - Provide a copy of the return. Do not include Schedule B	3. Go to item 13 below.		
		Form 9	90-PF - Provide a copy of the Form 990-PF. Enter the amount the organitable program in the space below. Complete item 11 and go to 13.			
			Total program services expense: \$			
			does not file the above returns with the IRS, check the appropriate box the instructions:	pelow to explain the		
		Files Fo	orm 990-N. Complete 11 and 12 below, then go to 14.			
		Include	ed in IRS group return. Provide a copy of the group return. Complete	11 and 12 below.		
			eason. Explain:			
			te 11 and 12 below.			
	11. Briefly	describe	your charitable accomplishments during the period.			
	990-E accou the pe	Z, or 99 nting per riod.	section only if directed to in item 10 because your organization does not 0-PF. Complete all lines of the following schedules. You must enteriod being reported. Enter "0" or "none" where appropriate or if you had	er the end date of the dino financial activity in		
	Enter	une enu	date of the financial accounting period reported below: / /	_		
			Revenue			
		B				
		C				
			Total Total tale (and lines A and B)			
			Expenses			
		D	Charitable program services expense			
		E	All remaining expenses (supporting services)			
		F	Total expense (Sum of lines D and E)			
		G	Revenue less expenses (subtract line F from line C)			
			Balance Sheet			
	H Total assets at end of fiscal period					
			Liabilities at end of fiscal period			
		J	Net assets (subtract line I from line H)			

### 13. Audited or reviewed financial statements requirement

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

	Item	Where to Find it:	Amount
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	12,024,647
В.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6d	0
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	0
D.	Total contributions and fundraising	Add lines A, B, and C	12,024,647
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	3,477,921
F.		Subtract line E from line D	8,546,726

### After completing the schedule:

- If line F is \$550,000 or more, audited financial statements are required. They must be audited by an
  independent certified public accountant and prepared in accordance with generally accepted accounting
  principles.
- If line F is greater than \$300,000, but not greater than \$550,000, financial statements either reviewed or audited by a certified public accountant are required.

	· ·	
•	at are to be included in the solicitation registra no separate reporting or filing requirements, answe	
If yes, provide the following:	,	Note – if you have chapters but have no previously informed us of your intent to include them, see the instructions.
the information provided, including al	esentative of the organization and that to the boll accompanying documents, is true, correct, a and MCL 400.293(2)(c) and are punishable by	nd complete. False statements
Type or print name (must be legible):	SCOTT DILLARD	
Title: PRESIDENT/CEO	Date:	
registration document, but can be ve	est an automatic 5-month extension to your expiration rified online on our website at michigan.gov/charity). SOF WHICH ARE SENT, UPON REQUEST,	,