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.

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

| <u>A</u> | For t | he 2022 calendar year, or tax year beginning and ending | 3 | |
|---|------------------------------|--|-------------------------------|---------------------------------------|
| В | Check applica | C Name of organization GOODWILL INDUSTRIES OF GREATER GRAND | D Employer identi | fication number |
| | Add | ress RAPIDS INC | | |
| Ē | Nan chai | ne Doing business as | 38-61130 | 149 |
| | Initi: retu | Number and street (or P.O. box if mail is not delivered to street address) Room/s | | · · · · · · · · · · · · · · · · · · · |
| | Fina retu term atec | 3035 PRAIRIE STREET SW | 616-532- | 4200 |
| Γ" | TAme | and all of total postar code | G Gross receipts \$ | 44,038,234. |
| - | retu App tion | | H(a) is this a group | |
| L. | tton peni | | | s? Yes X No |
| _ | Taylo | 3035 PRAIRIE STREET, GRANDVILLE, MI 49418 xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or | H(b) Are all subordinates | |
| | Webs | | | a list. See instructions |
| *********** | | | H(c) Group exemption | on number |
| | art I | | Year of formation: 1966 | M State of legal domicile: MI |
| | 1 | Briefly describe the organization's mission or most significant activities: OUR MISS | TON TO. "CUAN | OTMO TIMEO |
| ğ | : <u>:</u> | AND COMMUNITIES THROUGH THE POWER OF WORK." | WE ACCOMPLISE | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disposed of m | | |
| Ž | 3 | Normalian description of the state of the st | 1 | 1 |
| Ĝ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | <u>3</u> | 13 |
| ون در | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 4 | |
| ii. | 6 | Total number of volunteers (estimate if necessary) | <u>5</u> | 1263 |
| Ę. | 7. | Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 | 6 | 231 |
| ĕ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | |
| • | | The state of passings and the mount of the state of the s | | 0 . Current Year |
| 4. | 8 | Contributions and grants (Part Viii, line 1h) | 12,024,647. | |
| ğ | 9 | The same of the sa | 32,764,975. | 34,253,959. |
| Revenue | 10 | Investment income (Part VIII, line 2g) | 405,767. | 6,500. |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 257,126. | 218,871. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 45,452,515. | 44,038,234. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | Ŏ. |
| တ္ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 19,189,914. | 20,712,140. |
| nse | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) | | |
| Ű | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,069,629. | 21,408,486. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 39,259,543. | 42,120,626. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 6,192,972. | 1,917,608. |
| Net Assets or | | | Beginning of Current Year | End of Year |
| Set | 20 | Total assets (Part X, line 16) | 15,128,237. | 30,878,541. |
| TAS DE | 21 | Total liabilities (Part X, line 26) | 1,845,370. | 12,614,524. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 13,282,867. | 18,264,017. |
| | | Signature Block | | |
| Unde | er pena | lties of perjury, I declare that I have examined this return, including accompanying schedules and state | ements, and to the best of my | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa | rer has any knowledge. | |
| ~ : | | Signature of officer | | |
| Sign | | | Date | |
| Here | 9 | SCOTT DILLARD, PRESIDENT & CEO Type or print name and title | | |
| | | | Date In the | |
| Paid | | · · · · · | Date Check | PTIN |
| Prep | | JEFFREY E. HERT, CPA JEFFREY E. HERT, CPA Firm's name REHMANN ROBSON LLC | 04/17/23 self-employe | |
| Use | | Firm's address 2330 EAST PARIS AVE SE | Firm's EIN 38 | 3-3567911 |
| | • | GRAND RAPIDS, MI 49546 | DL | 5_07E /1100 |
| Mav | the IF | S discuss this return with the preparer shown above? See instructions | ј Рполе по. О Д. С | 5-975-4100 |
| | | The research with the Property allower abover age listractions | | X Yes No |

| | m 990 (2022) RAPIDS INC 38-6113049 Page | 2 |
|----------------|--|---|
| Г | artilla Statement of Program Service Accomplishments | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | 1 |
| 1 | Briefly describe the organization's mission: | |
| | OUR MISSION IS: "CHANGING LIVES AND COMMUNITIES THROUGH THE POWER OF WORK." WE ACCOMPLISH THIS BY PROVIDING PROGRAMS AND SERVICES TO | _ |
| | | |
| | EMPLOYEES AND PROGRAM PARTICIPANTS WHO COME FROM OUR COMMUNITY. THESE | _ |
| 2 | SERVICES INCREASE WORK AND LIFE SKILLS, ADD NEW JOB SKILLS, ADDRESS Did the organization undertake any significant program services during the year which were not listed on the | _ |
| _ | | |
| | prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. |) |
| 3 | Did the everytestic and the state of the sta | |
| | If "Yes," describe these changes on Schedule O. | ŀ |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 34,404,817. Including grants of \$) (Fergus \$ 34,453,261 | _ |
| | DONATED GOODS/RETAIL OPERATIONS GOODWILL INDUSTRIES OF GREATER GRAND | , |
| | RAPIDS DONATED GOODWILL/RETAIL OPERATIONS IS A SOCIAL ENTERPRISE | |
| | CONSISTING OF 19 RETAIL STORES, AN OUTLET CENTER, AND AN AFTERMARKET | |
| | RECYCLING CENTER. THESE OPERATIONS PROVIDE TRANSITIONAL PAID WORK | |
| | EXPERIENCES FOR INDIVIDUALS WHILE GIVING THEM OPPORTUNITY TO ACCESS | - |
| | PROGRAMS AND SERVICES INCLUDING (BUT NOT LIMITED TO) WORK AND LIFE | _ |
| | SKILLS TRAINING, JOB SKILLS TRAINING, CONNECTION TO RESOURCES TO | _ |
| | ADDRESS WORK BARRIERS, AND SUPPORTIVE SERVICES TO REACH THEIR CAREER GOALS. EMPLOYEES AT STORES IN THE RETAIL OPERATIONS ARE ALSO OFFERED | _ |
| | THE PROPERTY OF THE PROPERTY O | |
| | The state of the s | _ |
| | GROW THE EARNING POWER OF INDIVIDUALS THOUGH SKILL DEVELOPMENT AND | |
| 4b | TRAINING THAT QUALIFIES WORKERS FOR PROMOTION WITHIN GOODWILL OR A (Code:) (Expenses \$ 3,607,669. including grants of \$) (Revenue \$ | |
| _ | GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS' WORKFORCE DEVELOPMENT COUNTY OF THE PROCESS AND |) |
| | PROGRAMS FOCUS ON HELPING PEOPLE PREPARE FOR THE WORKPLACE AND PROVIDE | - |
| | SAILLS TRAINING PROGRAMS FOR HIGH DEMAND POSTTIONS SUCH AS CEPTIFIED | - |
| | NURSE AIDE TRAINING AND INFORMATION TECHNOLOGY TRAINING. IN 2022, | |
| | GOODWILL SERVED 1,570 PEOPLE FROM THE COMMUNITY (IN ADDITION TO OUR | - |
| | EMPLOYEES) HELPING THEM WITH SERVICES SUCH AS LIFE SKILLS BUILDING | • |
| | THROUGH OUR ACHIEVE PROGRAM, RESUME WRITING AND INTERVIEW SKILLS | - |
| | RESULVING BARRIERS TO EMPLOYMENT I.E. TRANSPORTATION CAREER | • |
| | EXPLORATION, SKILLS TRAINING, JOB PLACEMENT ASSISTANCE, AND JOB | • |
| | RETENTION SUPPORT. GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS SERVES | |
| | TRANSITIONING YOUTH WITH DISABILITIES, PEOPLE COMING OUT OF | |
| 4c | INCARCERATION, PEOPLE WITH DISABILITIES AND OTHER WORK BARRIERS, PEOPLE (Code:) (Expenses \$ Including grants of \$ I | |
| | | |
| | EXCLUSIVELY TO OR FOR COODWILL INDUSTRIES OF COURSE | |
| | TO ON FOR GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS, INC. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| A e ! | | |
| | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 7 0 | Total program service expenses 38,012,486. | |
| | Form 990 (2022) | |

Form 990 (2022) RAPIDS INC Part IV Checklist of Required Schedules

| | | | Yes | No |
|------------|---|--------------------------|-------------|----------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| • | If "Yes," complete Schedule A | 1 | X | -ļ |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| • | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 4 | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Dld the organization engage in lobbying activities, or have a section 501(h) election in effect | 3 | - | X |
| · | during the tax year? If "Ves " complete Schoolule C. Park II | | | 37 |
| 5 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | ╂ | X |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | _ | | ₩. |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 5 | _ | X |
| | 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, | 10 | 1 | - 25 |
| | the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | 1 | - |
| | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | Ī |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | 200 (200) 200 (200) | 1 77 CO 198 | |
| | as applicable. | 30.000 | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| L | Part VI | 11a | X | |
| U | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| c | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| · | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| d | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 | 11c | | <u> </u> |
| _ | Part X, line 167 if "Ves " complete Schedule D. Part IV | ١ | | |
| е | Part X, line 167 If "Yes," complete Schedule D, Part IX | 11d | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | <u> </u> | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | -1.!! | -23 | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 124 | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional | 12b | х | |
| 13 | is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business. | | | ******* |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| 4 <i>E</i> | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ. | X |
| 15 | bid the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>X</u> |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | ĺ | |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | <u> </u> |
| - | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | ا | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u>X</u> |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | 10 | \dashv | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | bid the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | Ir "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| !1 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |
| 12003 | 12-12-22 | | 200 | |

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|---------------|--------------|--|
| 22 | The state of the s | | | |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | <u> </u> | X |
| 2.0 | The organization's current | | 1 | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| 24 | Schedule J a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | X | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No." go to line 25a | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | . 24b | ╂— | |
| | any tax-exempt bonds? | 04- |] | |
| | d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | ┼─ | - |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 240 | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | 1 | x |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | ļ | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | 1 | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | \vdash | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes." complete Schedule I. Part II | 26 | | х |
| 27 | 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 Bert 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. | 130000000 | Williams. | Market very |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | 214090541779 | 060000000 |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| r. | A viamily member of any individual described in line 28a? If "Yes." complete Schedule I Part IV | 28b | | X |
| C | A 33% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | | | |
| 20 | "Yes," complete Schedule L, Part IV | 28c | X | |
| 29 30 | 3.5 and organization receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M | 29 | X | |
| 30 | bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 31 | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 32 | 5.6 and organization injuriate, terminate, or dissolve and cease operations? If "Ves." complete Schoolule M. Poet I | 31 | | X |
| | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | İ | |
| 33 | , | 32 | | X |
| | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | | |
| 34 | Was the organization related to any tay expend or tayable activity. | 33 | | <u>X</u> _ |
| | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | | |
| 35a | Did the organization have a controlled spatial visit to | 34 | | <u>X</u> |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | <u>X</u> |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 35b | | |
| | ir "Yes," complete Schedule R, Part V. line 2 | | | w |
| 37 | and organization conduct more than 5% of its activities inrough an entity that is not a related organization | 36 | | <u>X</u> |
| | and that is treated as a partnership for federal income tax purposes? If IVos II complete Oct and the December 1 | | | 107 |
| 38 | bid the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 115 and 102 | 37 | | X |
| n- | Note: All Form 990 titers are required to complete Schedule O | 38 | x | |
| Par | Statements Regarding Other IRS Filings and Tax Compliance | <u> 30 </u> | <u> </u> | |
| | Check if Schedule O contains a response or note to any line in this Part V | | Г | |
| | | T, | Yes I | No. |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | . C3 | INU |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | x | 48-68-65 |
| 32004 | 12-13-22 | Form 9 | |)22) |
| | | | | |

Form 990 (2022) 38-6113049 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? \mathbf{x} За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <u>5c</u> 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

232005 12-13-22

38-6113049 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Se | ction A. Governing Body and Management | | | ····· | | | X |
|------------|--|---|---|-----------|-----------|---------------|------------|
| 1= | Enter the number of voting months and the | 1 1 | | | | Yes | No |
| 16 | Enter the number of voting members of the governing body at the end of the tax year | 1a | *************************************** | <u>13</u> | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | i | | | |
| L | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| _ b | Ta, above, who are independent | 1b | | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | ny other | | | | |
| _ | officer, director, trustee, or key employee? | | •••••• | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervision | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form Q | On was | filed2 | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | | 5 | | Х |
| 6 | bid the organization have members or stockholders? | | | | 6 | | X |
| 7a | the digarization have members, stockholders, or other persons who had the power to elect or ap | point or | ne or | | | | |
| | more members of the governing body? | | | | 7a | | X |
| р | y a drift governmence decisions of the organization reserved to (or subject to approval by) members, st | ockholo | lers, or | | | | |
| | persons other than the governing body? | | | | 7b | | x |
| 8 | the organization contemporarieously document the meetings held or written actions undertaken during the year | r by the t | following: | ···· | 0.00000 | WEST SE | |
| а | me governing body? | | • | ľ | 8a | x | Part Print |
| b | contribute with authority to act on benalt of the governing body? | | | ··· | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be read | had at t | lho. | | עס | -^ | |
| | organization's mailing address? If "Ves " provide the names and address as a Calculation | | | | ا ہ | | v |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Rev | | | | 9 | | X |
| | | | | | r | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | Г | - | Yes | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such cha | | | ···· | 10a | | X |
| | did utalicities to ensure their operations are consistent with the | | | 1 | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | bošena i | | ∵ | 10b | 77 | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | pelote i | illing the form | 7 | 11a | <u> </u> | 4.8ever 60 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 18 | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | ********** | | <u> </u> | 12a | X | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye | o contile | ts? | Ľ | 12b | X | |
| | on Schedule O how this was done | s," desc | cribe | ĺ | ſ | | |
| 13 | on Schedule O how this was done | | | <u> </u> | 12c | X | |
| 14 | Did the organization have a written decurrent with the decurrent with | | | | 13 | X | |
| 15 | Did the process for determining componentian of the fall of the process for determining componentian of the fall o | • | | <u> </u> | 14 | Х | |
| | Did the process for determining compensation of the following persons include a review and approval it | by indep | pendent | | | | |
| а | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | | | (A) | | | |
| b | Other officers or key employees of the experient of the experient of the experient of the experience o | | | 1 | 5a | X | |
| _ | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions | | | 1 | 5b | Х | |
| | | | | 403 | | in the | |
| 1 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme axable entity during the year? | nt with | а | | | | |
| | | | • | . L | 6a | | X |
| 1 | and the organization follow a written policy of procedure requiring the organization to evaluate it | ite narti | cipation | | | | |
| • | if joint venture arrangements under applicable federal tax law, and take steps to safeguard the organize | ation's | | | | 1000 | |
| | exempt status with respect to such arrangements? On C. Disclosure | | | 1 | 6ь | ANTERO 1000 | 4043-494.8 |
| | | | | | | | |
| | ist the states with which a copy of this Form 990 is required to be filed MT | | | | | | |
| 8 5 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | 990-T (s | ection 501(c) | (3)s or | ily) av | ailable | |
| | Type a mapped and the most all that apply, | , | . (-/ | . , | J, | | |
| | A Own website Another's website X Upon request Other (contains | n Schen | lule (1) | | | | |
|) [| oscince of schedule O whether (and it so, now) the organization made its governing documents, confi | ict of inf | erest policy | and fin | ancia | 1 | |
| - | tation available to the public during the tax year. | | | ATM HIT | الما الما | ' | |
|) 8 | tate the name, address, and telephone number of the person who possesses the organization's books | and rec | cords | | | | |
| = | $\frac{-0.011}{2}$ | ~ 10L | | | | | |
| 3 | 035 PRAIRIE SW, GRANDVILLE, MI 49418 | | | | | | |
| | 142.00 | | | | | | |

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of 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 organiza | | orga | aniza | | | nper | nsat | | irector, or trustee. | |
|--|-------------------|---------------------|-----------------------|----------|-------------|------------------------------|--------|-----------------|----------------------------------|-----------------------|
| (A) | (B) | | | | C) itior | | | (D) | (E) | (F) |
| Name and title | Average | | not o | heck | more | than | | Reportable | Reportable | Estimated |
| | hours per week | | x, unle īcer ar | | | | | compensation | compensation | amount of |
| | (list any | - | Т | | T | П | Γ | from the | from related | other |
| | hours for | trustee or director | | | | ļ., | l | organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | 10 88 | stee | | | ısate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | 1 1 1 | ag de | | oyee | E . | İ | 1099-NEC) | • | and related |
| | below | Individual | Institutional trustee | Officer | Кеу етрюуее | Highest compensated employee | Former | | | organizations |
| (1) R. SCOTT DILLARD | line) 40.00 | ╀┋ | E | 匮 | <u>\$</u> | 星島 | ē | | | |
| PRESIDENT & CEO | 40.00 | ┨ | | x | ĺ | | | 320 000 | • | 46 056 |
| (2) DAVE BRINZA | 40.00 | - | | _ | | | - | 329,869. | 0. | <u> 16,856.</u> |
| CHIEF OPERATING OFFICER | 40.00 | ┨ | | x | | | | 220 150 | 0 | 00 001 |
| (3) JILL WALLACE | 40.00 | ┼ | - | ₽ | ⊢ | | | 228,150. | 0. | 23,001. |
| CHIEF MARKETING & COMMUNIC | 40.00 | 1 | | х | | İ | | 160 007 | ۸ ا | 04 163 |
| (4) TONY CALCAGNO | 40.00 | ├ | \vdash | | | | _ | 169,997. | 0. | 24,163. |
| CHIEF TALENT DEVELOPMENT O | ±0.00 | 1 | | Х | | | | 135,147. | 0. | 22,799. |
| (5) SUSAN DOBBS | 40.00 | I | П | -11 | | | | 200,1476 | 0. | 44,133. |
| VICE PRESIDENT OF HUMAN RE | | 1 | | x | | | | 130,827. | 0. | 11,657. |
| (6) JENNIFER MULDER | 40.00 | | | | | | | | | 22/05/1 |
| VICE PRESIDENT OF FINANCE | | 1 | | Х | | | | 130,827. | 0. | 11,657. |
| (7) RENATE BERZKALNS | 40.00 | | | | | | | | | |
| VICE PRESIDENT OF GRANDVIL | | | | х | | | | 110,441. | 0. | 21,599. |
| (8) THERESA VICKERS | 40.00 | | | | | | | | | |
| VICE PRESIDENT OF CAREER D | | <u> </u> | | X | | | | 117,552. | 0. | 5,558. |
| (9) SCOTT CHAUDOIR | 2.00 | | | | | | | | | |
| VICE CHAIR/PAST BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (10) JENNIFER GREENOP | 2.00 | | | Ì | | | | | | |
| BOARD CHAIR/TREASURER | | X | | Х | | | | 0. | 0. | 0. |
| (11) NATALYA BELAYA | 2.00 | | | | | | | | | |
| SECRETARY | | X | | x | | | | 0. | 0. | 0. |
| (12) CINDY BROWN | 2.00 | | | | - 1 | | | | | , |
| DIRECTOR | | Х | | | _ | | | 0. | 0. | 0. |
| (13) KHUMBO SIWELA CROFT | 2.00 | | | | | | | | | |
| DIRECTOR | | х | | | _ | | | 0. | 0. | 0. |
| (14) CAROL HYBLE | 2.00 | | | | | | l | | | |
| DIRECTOR | | Х | _ | _ | _ | _ | | 0. | 0. | 0. |
| (15) WILLIAM BRUINSMA | 2.00 | | | | İ | | | | | |
| DIRECTOR (16) AMY MANSFIELD | | X | _ | | | \dashv | _ | 0. | 0. | 0. |
| DIRECTOR | 2.00 | , | | | - 1 | | | _ | _ | _ |
| (17) MIKE MAIER | 1 2 00 | X | | \dashv | | | 4 | 0. | 0. | <u> </u> |
| DIRECTOR | 2.00 | $_{\rm x}$ | | | - [| | | _ | _ | _ |
| | | Α | | | | \perp | | 0. | 0. | 0. |

232007 12-13-22

Form 990 (2022)

RAPIDS INC

| Part VII Section A. Officers, Directors, True | stees, Key Em | ploy | ees | and | d Hi | ghe | st C | ompensated Employed | s (continued) | | |
|--|-----------------------------------|--------------------------------|-----------------------|-----------------|-----------------|------------------------------|---------------|---|------------------------------|------------|------------------------------|
| (A) | (B) | ĺ | | (1 | C) | | | (D) | (E) | | (F) |
| Name and title | Average | (de | not c | heck | itioi more | than | one | Reportable | Reportable | ÷ | Estimated |
| | hours per week | boil | k, unle icer aı | ss pe nd a c | rson Jirecto | is bot or/trus | h an itee) | compensation | compensation | | amount of |
| | (list any | - | $\overline{}$ | T | Π | Ĩ | Τ | from the | from related | | other |
| | hours for | Individual trustee or director | | | l | - | | organization | organizatior (W-2/1099-MI | | compensation from the |
| | related | 10 88 | ste | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | | organization |
| | organizations | 喜 | Institutional trustee | | ag. | Highest compensated employee | | 1099-NEC) | , | | and related |
| | below | vidua | ig. | Į, | Кеу етріоуев | ast a | | | | | organizations |
| (40) | line) | E | TE . | Officer | <u>\$</u> | 皇島 | Farmer | | | | |
| (18) DENNY STURTEVANT | 2.00 | | | | | | | | | | |
| DIRECTOR | | X | L | ļ | _ | | | 0. | | 0. | 0 |
| (19) DEBBIE LOCKWOOD | 2.00 | | | 1 | | | | | | Ì | |
| DIRECTOR | | X | | <u> </u> | _ | | L | 0. | | 0. | 0. |
| (20) ELIZABETH WILSON | 2.00 | | | | | | | | | | |
| DIRECTOR | | X | | | _ | <u> </u> | | 0. | | 0. | 0. |
| (21) JENNY LUTH | 2.00 | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | 0. |
| | | | | | | | | | | | |
| | | | | | | | | | | - | |
| | | | | | | | | | | | |
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| | | | | | | | | | | ĺ | |
| | | | | | | | \dashv | | | \dashv | |
| | | | | İ | | | | | | l | |
| 1b Subtotal | | | | | | I | _ | 1,352,810. | | 0. | 137,290. |
| c Total from continuation sheets to Part VI | Section A | ••••• | | | ••••• | ***** | ŀ | 0. | | 0. | |
| d Total (add lines 1b and 1c) | , 0001.0 | | | | •••• | | · | 1,352,810. | | Ö. | 0. 137,290. |
| 2 Total number of individuals (including but no | at limited to the | nea l | letar | de l | | | | | 00 -6 | | 137,290. |
| compensation from the organization | | J36 I | iotec | abi | OVE | AATIC | 1160 | selved filore than \$100,0 | or reportable | | 0 |
| | ·· | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director trusta | a b | 01 O | mala | | اءما | hiah | | | ſ | Yes No |
| line 1a? If "Ves " complete Schools ! for a | unector, truste | e, K | ey er | Hhic | yee | , 01 1 | nıgrı | est compensated emplo | yee on |] | |
| line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su | icn individual m of reportable | | , | | | | | | | - | 3 X |
| The surface and the surface of the surface sur | nona www | cor | nper | ısatı | on a | and (| otne | r compensation from th | e organization | - 1 | |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a | ,000 / f "Yes," | con | nple | te S | ched | lule | J foi | r such individual | | - | 4 X |
| The same of the sa | ccrue compens | atio | n tro | m a | ny L | ınrel | ated | i organization or individu | ual for services | | |
| rendered to the organization? If "Yes." comp Section B. Independent Contractors | olete Schedule | J fo | rsuc | h p | erso | n | | *************************************** | | | 5 X |
| | | | | | | | | ···· | | | |
| i manage in your monghout con | ipensated inde | pen | dent | cor | itrac | ctors | tha | t received more than \$1 | 00,000 of compe | ensati | on from |
| the organization. Report compensation for the | ne calendar yea | ar er | iding | Wit | h or | with | <u>in tl</u> | he organization's tax ye | ar. | | |
| (A) Name and business a | nddroon . | | | | | | İ | (B) | | | (C) |
| Namo ana basiness a | uuress | NO | NE. | | | | 1 | Description of se | rvices | Co | mpensation |
| | | | | | | | | | İ | | |
| | ····· | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | 丄 | | | | |
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| | | | | | | | 1_ | | | | |
| | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| | | | | | | | L | | | | |
| 2 Total number of independent contractors (ind | luding but not | limi | ted t | o th | ose | liste | d ab | ove) who received more | e than | | |
| \$100,000 of compensation from the organiza | tion | | | | 0 | | | | | | eleccionista pale esse ver v |
| | | | | | | | | *************************************** | | | orm 990 (2022) |

| Part VIII | Statement of Revenue

| | | | Check if Schedule C |) cor | ntains a | respons | e or note to any I | ine in this Part VIII | | | [] |
|-----------------------|-----|----------------|--|-----------------|----------|-----------|--------------------|---------------------------------|--|--|--|
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| , Grants | 4 | | | | | 1a | 120,000 | | | | |
| i a | 3 | | | | | 1b | | | | | |
| 6 | 1 | C | Fundraising events | | | 1c | | 7 | | | |
| 馬 | 9 | d | I Related organizations | | | 1d | | | | 20 CO 00 (0) (2) (0) | |
| Ś. | | е | Government grants (cont | tribu | tions) | 1e | 665,964 | | | | |
| Contributions, Giffs, | 3 | f | All other contributions, gifts | | | | | | | | |
| <u>1</u> | | | similar amounts not include | d abo | ove | 1f | 8,772,940 | | | 100-01-02-00-00-00-0 | e di Si Guerre di |
| ₩. | 1 | g | Noncash contributions included in | n lines | 1a-1f | 1g \$ | 8,705,792 | | | | |
| <u>8</u> | 1_ | h | Total. Add lines 1a-1f | | | | | 9,558,904. | | | |
| | l | | | | | | Business Code | | | | |
| Çe | | 2 a | | ALE | s | | 900099 | 33,103,222. | 33103222. | | *************************************** |
| هِ جَ | | b | FEES FOR SERVICES | | | | 900099 | 1,150,737. | 1,150,737. | | |
| Program Service | | C | | | · | | | | | | |
| E S | | d | | , | | | | | | | |
| 5, | 1 | е | | | | | | | | | |
| Ω. | | f | All other program service | reve | enue . | | | | | | |
| | L | 9 | Total. Add lines 2a-2f | | | | | 34,253,959. | | | |
| | { | 3 | Investment income (inclu- | | | | | | | | |
| | | | other similar amounts) | | | | ••••••• | | | | |
| | | 4 | Income from investment | of ta | x-exem | pt bond p | proceeds | | | | |
| | | 5 | Royalties | - - | | | | | | | |
| | | | _ | | (1) | Real | (ii) Personal | | | | |
| | 6 | | Gross rents | 6a | | 19,569. | | | | | |
| | | | Less: rental expenses | 6b | | 0. | | | | | |
| | | | . (.000) | 6c | <u></u> | 19,569. | L | | | | |
| | _ | | Net rental income or (loss | ر(| T #1.5 | | | 19,569. | | | 19,569. |
| | 7 | a | Gross amount from sales of | | | curities | (ii) Other | | | | |
| İ | | | assets other than inventory | <u>7a</u> | } | | 6,500. | | | | 0.0000000000000000000000000000000000000 |
| σ, | | D | Less: cost or other basis | | İ | | | | | | |
| ğ | | _ | | 7b | · | | 0. | | | | |
| ě | | | | 7c | | | 6,500. | | | 6 | (1) (1) (1) (1) (1) (1) (1) (1) |
| Other Revenue | | | Net gain or (loss) | | | | 1 | 6,500. | | | 6,500. |
| 풀 | O | | Gross income from fundraisin including \$ | | _ | 1 | İ | | | | |
| ٦ | | | | | | |] | | | | |
| | | | contributions reported on Part IV, line 18 | | | | | | | | |
| | | | Part IV, line 18 Less: direct expenses | ••••• | | <u>8a</u> | | | | | |
| | | ^ | Net income or (loss) from t | | | <u>8b</u> | | | | erica especialistica a | 90 (69 (83) (86) (53) (40) (62 |
| | 9 | | Gross income from gamine | | | | | tikingse se aretiken av edaner. | | Circus entre estrá restrator de la contra en entre estrator de la contra en entre en entre en entre en entre e | and a such a manage of the second of the sec |
| | ~ | | Part IV, line 19 | | | | | | 6.00 | | |
| | | h | Less: direct expenses | • • • • • • • | ••••• | 9a 9b | | | | | |
| - 1 | | | Net income or (loss) from g | | | | | | | | |
| | 10 | | Gross sales of inventory, le | | | villes | | aucenski na kostranski bok. I | ovatos (665 at assausem atsentica table) | NOTES SAME AND A SECURITION OF THE SECURITION OF | anastriation de la companie de la companie de la companie de la companie de la companie de la companie de la c |
| 1 | | | and allowances | | | 10a | | | | | |
| | | b | Less: cost of goods sold | | •••••• | 10b | | | | | |
| | | | Net income or (loss) from s | | | | | | minimum menumenta inggrassentinan ti se si | Seniorani en la companya de la companya de la companya de la companya de la companya de la companya de la comp | |
| | | | | _,_, | vc | | Business Code | | | rijerija programa programa i se | |
| Miscellaneous | 11 | a ¹ | MISCELLANEOUS | | | | 900099 | 199,302. | 199,302. | | |
| ane Titte | | b | | | | | | | , | | |
| <u>≅</u> 8 | | c | | | | | | | | | <u> </u> |
| ĕ¶ | | ď | All other revenue | | | | | | | | |
| | | е . | Total. Add lines 11a-11d | | | | | 199,302. | | as vesa tia voje estateca v | |
| | 12 | | Total revenue. See instruction | | | | | 44,038,234. | 34453261. | 0. | 26,069. |
| 32009 | 12- | | | | | | | | | | orm 990 (2022) |

Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. (B) Program service (C) Management and general expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees 1,490,100. 1,295,066. 195,034. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 15,949,125. 13,861,596. 2,087,529. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 169,085. 116,160. 52,925. Other employee benefits 9 1,527,122. 1,279,968. 247,154. Payroli taxes 10 1,576,708. 1,391,402. 185,306. Fees for services (nonemployees): a Management _____ b Legal 15,687. 5,404 10,283. Accounting 47,630. 47,630. d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) <u>311,113.</u> 212,706. 98,407. Advertising and promotion 12 60,515. 39,359. 21,156. 13 Office expenses 76,616. 68,411. 8,205. Information technology 14 15 Royalties 16 Occupancy 6,016,215. 5,769,601 246,614. 17 75,110, 64,487. 10,623. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 55,590. 31,583. 24,007. Interest _____ 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 709,643. 512,410 197,233. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) RETAIL PROGRAM - COST 10,496,970. 10,496,970. BANK FEES 737,225. 700,227. 36,998. SHIPPING & POSTAGE 679,469. 39,718. 680,244. 775. d SOFTWARE PROCESS FEES 523,029. 483,311. e All other expenses ,602,899. 1,447,949. 154,950. Total functional expenses. Add lines 1 through 24e 25 42,120,626. 38,012,486. 4,108,140.0. 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)

232010 12-13-22

Form 990 (2022)

| Par | t X | l Bal | lance Sheet |
|-----|-----|-------|-------------|

| | | Check if Schedule O contains a response or not | e to ar | y line in this Part X | | | X |
|-------------|----------|---|--|--|---|-------------|---|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | *************************************** | 6,698,252. | 1 | 6,652,283. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | 65,697. | 3 | 28,893. | | |
| | 4 | Accounts receivable, net | | 664,002. | 4 | 479,586. | |
| | 5 | Loans and other receivables from any current or | officer, director, | man a se como de la del del de la como de la como de la como de la como de la como de la como de la como de la | 09000 | | |
| | | trustee, key employee, creator or founder, subst | | | | | |
| |] | controlled entity or family member of any of thes | The second secon | 5 | and the second second and the second | | |
| | 6 | Loans and other receivables from other disqualit | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| B | 7 | Notes and loans receivable, net | | (1011 4936(6)(3)(6) | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 861,374. | 8 | 962,534. |
| Ä | 9 | Dropole | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 605,096. | 9 | 663,505. |
| | 10a | Land, buildings, and equipment: cost or other | | | | 66/89 | - |
| | | basis. Complete Part VI of Schedule D | 10a | 15,472,623. | | | |
| | b | Less: accumulated depreciation | 10b | 10,430,908. | 3,879,048. | 10c | 5,041,715. |
| | 11 | Investments - publicly traded securities | | 2,354,768. | 11 | 5,368,772. | |
| | 12 | Investments - other securities. See Part IV, line 1 | | <u> </u> | $\overline{}$ | 3,300,772. | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 12 13 | | | |
| | 14 | Intangible assets | | | | | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 14 | 11 601 252 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | d fine 2 | oı | 15,128,237. | 15 | 11,681,253. 30,878,541. |
| | 17 | Accounts payable and accrued expenses | 1,242,721. | 16 | 933,271. | | |
| | 18 | Grants payable | T, 444, 141. | 17 | 933,4/1. | | |
| | 19 | Deferred revenue | | | 18 | | |
| | 20 | | | 19 | | | |
| | 21 | Escrow or custodial account liability. Complete F | | 40-h | | 20 | |
| | 22 | Loans and other payables to any current or former | | | | 21 | Marketin (Carlos a premior est estretat la company de la care |
| Ęį | | trustee, key employee, creator or founder, substa | er Unici | on, director, | | | |
| Liabilities | | controlled entity or family member of any of these | a mara | | | | |
| ᆵ | 23 | Secured mortgages and notes payable to unrelate | | | | 22 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 23 | |
| | 25 | Other liabilities (including federal income tax, pay | unra p | arues | | 24 | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | -(0) 115 | • | | 602 640 | | 11 (01 050 |
| ı | 26 | Total liabilities. Add lines 17 through 25 | | ····· | 602,649. | | 11,681,253. |
| | | | | | 1,845,370. | 26 | 12,614,524. |
| 8 | | Organizations that follow FASB ASC 958, chec | k nere | X | | | |
| Ĕ | | and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | i i | 12 004 000 | | |
| 雪 | | | | 13,204,900. | 27 | 18,199,017. | |
| 필 | | | 77,967. | 28 | 65,000. | | |
| 들 | | Organizations that do not follow FASB ASC 95 | s, chec | к nere 📖 📗 | | | |
| ŏ | | and complete lines 29 through 33. | | | | | |
| g | 30 | Capital stock or trust principal, or current funds | | | | 29 | |
| § | 30 31 | Paid-in or capital surplus, or land, building, or equ | ipment | tuna | | 30 | |
| | ડા 32 | Retained earnings, endowment, accumulated inco | ome, o | otner funds | 12 200 255 | 31 | 40.064.54 |
| | 32 33 | Total liabilities and not present (for I believe | ····· | ····· | 13,282,867. | 32 | 18,264,017. |
| | <u>~</u> | Total liabilities and net assets/fund balances | | | 15,128,237. | 33 | 30,878,541. |

review, or compilation of its financial statements and selection of an independent accountant?

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

X

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GOODWILL INDUSTRIES OF GREATER GRAND

RAPIDS INC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-6113049 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) is the prognization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10 support (see instructions) support (see instructions) No Yes above (see instructions)) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | ······· | | | |
|------|---|--|----------------------|-----------------------|--|---|---------------------------------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The same of the contract of the contract | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | *************************************** | Market State Control of the St | | | | | **** |
| | Public support. Subtract line 5 from line 4. | when the control control of | | | A trace to the control of the contro | | |
| | ndar year (or fiscal year beginning in) | (a) 2010 | #13 0040 | | T | | |
| | Amounts from line 4 | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gross income from interest, | | | | | | |
| • | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | September versions and September versions | aliverios interactivas year | |
| | Gross receipts from related activities, | etc. (see instruction | ns) | 2.4 | | to to | · · · · · · · · · · · · · · · · · · · |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fire | st. second, third f | outh or fifth tay v | ear as a soction 50 | 12 | |
| | organization, check this box and stor | | | | | J 1 (C)(3) | |
| Sec | tion C. Computation of Publi | c Support Perc | centage | | | *************************************** | ······ |
| 14 | Public support percentage for 2022 (li | ine 6, column (f), div | vided by line 11, c | olumn (fl) | | 14 | % |
| 15 | Public support percentage from 2021 | Schedule A, Part II | l, line 14 | | *************************************** | 15 | |
| 16a | 33 1/3% support test - 2022. If the o | rganization did not | check the box on | line 13, and line 1 | 4 is 33 1/3% or mo | ore, check this box a | nd 70 |
| | stop here. The organization qualifies a | as a publicly suppo | rted organization | | | | |
| b | 33 1/3% support test - 2021. If the o | rganization did not | check a box on lir | ne 13 or 16a, and I | ine 15 is 33 1/3% : | or more, check this ! | 10V |
| | and stop here. The organization quali | fies as a publicly su | upported organizat | ion | | | |
| ı, a | 1076 -tacts-and-circumstances test | 2022. If the orga | ınızatıon did not cl | neck a box on line | 13, 16a, or 16b, at | nd line 14 is 10% or i | more. |
| | and if the organization meets the facts | -and-circumstance | s test, check this t | ox and stop her | e. Explain in Part \ | /I how the organizati | on |
| | meets the facts-and-circumstances tes | st. The organization | i qualifies as a pub | licly supported or | ganization | | |
| b | 10% -facts-and-circumstances test | - 2021. If the orga | nization did not ch | eck a box on line | 13, 16a, 16b, or 1 | 7a, and line 15 is 109 | |
| 1 | more, and if the organization meets the | e facts-and-circums | stances test, checl | this box and sto | p here. Explain in | Part VI how the | - - |
| • | organization meets the facts-and-circu | mstances test. The | organization qual | ifies as a publicly s | supported organiza | ation | |
| 8 | Private foundation. If the organization | ı did not check a b | ox on line 13, 16a, | 16b, 17a, or 17b, | check this box an | d see instructions | |
| 10 | -rivate loundation. If the organization | and not check a be | ox on line 13, 16a, | 16b, 17a, or 17b, | check this box an | d see instructions Schedule A (Fo | orm 990) 20 |

Schedule A (Form 990) 2022 RAPIDS INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

| qualify under the tests listed | below, please com | plete Part II.) | | | . | ••• |
|---|-----------------------|----------------------|--|--|--|---|
| Section A. Public Support | | | | ******* | | ****** |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| Gifts, grants, contributions, and | | | | | | (a) Total |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | 9397256. | 8740692. | 12983866. | 12024647. | 9558904. | 52705365 |
| 2 Gross receipts from admissions, | | | | | 333030±1 | 52705505 |
| merchandise sold or services per- | | | | İ | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | 26969298. | 27276977 | 22682897 | 32764975. | 34353050 | 1 420 401 0 |
| 3 Gross receipts from activities that | 20303230. | 2/2/05// | 22002097. | 54/049/5. | 34233959. | T43348T0 |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | · · · · · · · · · · · · · · · · · · · | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | İ | | |
| | | | | | | |
| 5 The value of services or facilities | | i | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | <u>36366554.</u> | 36017669. | 35666763. | 44789622. | 43812863. | 19665347 |
| 7a 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 | | | | | | 200,000 |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | İ | | | | | |
| amount on line 13 for the year | | | | | | ^ |
| c Add lines 7a and 7b | 500,000. | | | | **** | <u> </u> |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | en de la completa de la completa de la completa de la completa de la completa de la completa de la completa de | 500,000 |
| Section B. Total Support | | | randa kasanda pila a kengangsahang kenasal | F-01/10/11/11/11/11/11/11/11/05/11/11/11/11/11/11/11/11/11/11/11/11/11 | | <u> 19615347</u> : |
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (-) 0000 | 4 0 0004 | 4 4 | |
| 9 Amounts from line 6 | 36366554 | 36017669 | (c) 2020 35666763 | (d) 2021 44789622. | (e) 2022 | (f) Total |
| 10a Gross income from interest, | 90300334. | 30017003. | 33000763. | 44/09022. | ±3812863. | 19665347 |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | 7 411 | 16 560 | 05 005 | 005 505 | | |
| b Unrelated business taxable income | 7,411. | 16,569. | 27,007. | 287,586. | 19,569. | 358,142. |
| | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 7,411. | 16,569. | 27,007. | 287,586. | 19,569. | 358,142. |
| 11 Net income from unrelated business activities not included on line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part VI.) | 102,079. | 104,289. | 213,002. | 242,557. | 199 302 | 861 229 |
| 3 Total support. (Add lines 9, 10c, 11, and 12.) | 36476044. | 36138527. | 35906772. | 15319765.4 | 4031734 1 | 07272942 |
| 4 First 5 years. If the Form 990 is for the | e organization's firs | et second third for | with or fifth town | 20020100 F | 1(-\(\mathreal) | .31012042 |
| check this box and stop here | | r, cccona, maa, n | outin, or murtax ye | as a section ou | r(c)(3) organization |), |
| ection C. Computation of Public | Support Perc | entage | *************************************** | | *************************************** | |
| 5 Public support percentage for 2022 (lir | | | slumon (A) | | [| 00 12 |
| 6 Public support percentage from 2021 | Schedule A. Part II | | | | | 99.13 % |
| ection D. Computation of Invest | ment Income | Percentage | | | 16 | 99.09 % |
| 7 Investment income percentage for 202 | 22 (line 10c, colum | n (f) divided by lie | o 13 column (6) | | | 10 |
| 8 Investment income percentage from 2 | 1024 Schodulo A | | | I | 17 | .18 % |
| 9a 33 1/3% support toete - 2022 - 16+5-2 | organization did | arrin, inië 1/ | Barreld and the d | | 18 | .18 % |
| 9a 33 1/3% support tests - 2022. If the o | organization did no | t check the box of | 1 line 14, and line 1 | 5 is more than 33 | 1/3%, and line 17 i | |
| more than 33 1/3%, check this box and | u stop here. The o | rganızation qualifi | es as a publicly su | oported organization | on | X |
| b 33 1/3% support tests - 2021. If the c | organization did no | t check a box on li | ine 14 or line 19a, : | and line 16 is more | than 33 1/3%, and | d |
| line 18 is not more than 33 1/3%, chec | k this box and sto | p here. The organi | ization qualifies as | a publicly supporte | ed organization | |
| O Private foundation. If the organization | did not check a be | ox on line 14, 19a, | or 19b, check this | box and see instru | ıctions | |
| 2023 12-09-22 | | | | | | Form 990) 2022 |
| | | 15 | | | | |

Yes No

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

| F 33,00 3 4.00 | _ | <u>Ye</u> | | No |
|----------------|-------------------------|----------------------|--|--|
| 4 | | | | |
| 1 | | | | |
| 2 | | Salve Salsis | ** | Partie de la companya |
| 3a_ | | | | |
| 3b 3c | | | ુ | Solovia Solovia |
| 4a | E 16 | 60000 (CAS) | 0.00 | |
| | | 1000 3000 4004 | V. (200.035) | |
| 4b | | | Control of the Contro | |
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| 5a 5b | 303 | MI 03 20474 | 2000 | 200 (Co.) 200 (Co.) |
| 5c | | | | u (VISI) |
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| 8 | | | | |
| 9a 9b | | | \$0.00 | |
| | 83.85 93.95 94.95 | SIGN NY | 400 244 244 | 300, A39 300, A39 300, A39 300, A39 |
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| 10a 10b | | | Zin Vil | |
| A (Form | | | _ | 300 |

232024 12-09-22

Schedule A (Form 990) 2022

| | GOODWILL INDUSTRIES OF GREATER GRAND | | | |
|----------|--|--|---|--|
| | nedule A (Form 990) 2022 RAPIDS INC art IV Supporting Organizations (continued) | <u>38-611304</u> | <u>.</u> 9 ₽ | age ! |
| <u> </u> | Continued) | | T | 1 |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | Total or service and the servi | Yes | No |
| | | | | |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | ₩ | |
| | A 35% controlled antitle of a negroup the pulled by the state of a negroup the pulled antitle of a negroup the pulled by the state of t | 11b | | <u> </u> |
| | c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | i Sicolo | | |
| Se | <u>detail in</u> Part VI. ction B. Type I Supporting Organizations | 11c | | L |
| | otton 21 Type I dupporting Organizations | | т— | |
| 1 | Did the covering body marshay of the second state of | seedees.com | Yes | No |
| • | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers are the supported organization. | ne or | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | icers, | 10186018 | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp | orted | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among | the | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1_ | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | A(5)graph(0) | 100000 | Marine Ma Marine Ma Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Ma Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Marine Ma Marine Ma Ma Marine Marine Marine Marine Marine Marine Ma Ma Ma Marine Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u> </u> | <u>supervised, or controlled the supporting organization</u> | 2 | 1 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | SACALINO |
| Se | ction C. Type II Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 500 | the supported organization(s) | 1 | | |
| 360 | ction D. All Type III Supporting Organizations | | | |
| | Politic Annual Control of the Contro | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 100 | WANG. |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | 2.09700 | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 10.030.00 | J. 19 | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 1 | | ************ |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 20.040.000 | | Michel |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | 6.00 | 0.00 |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | 2004-08-08 | MESSIANS P |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | _Supported organizations played in this regard | 3 | 3403466 | MINA |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | L | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru | uctions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | 10110110/1 | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. | | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | r (see instructions | | |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | res | No |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | 2a | | 753-352-554 |
| | 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 the suspended and the reasons for the organization's position that the suspended area in the suspended area. | | | |
| | 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. | 2b | szágánai el | /10/20/1004 |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | 678450 B | |
| _ | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | | | |
| | in the supported digularization in the rest of "No" provide details in Part VI. | 3a | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ing Orgai | nizations | - TELOUES FAU |
|---|--------------|--|------------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on | Nov. 20, 1970 (ovalala in l | Part VII) See instruction |
| All other Type III non-functionally integrated supporting organizations mu | st complete | Sections A through F. | ai t vij. See ilistruction |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | (46412117) |
| 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 | | | <u> </u> |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | 0840846 | | (opnoma) |
| instructions for short tax year or assets held for part of year): | | | 10 (S) (6) (6) (6) (8) (8) (8) (8) |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | ······································ | |
| e Discount claimed for blockage or other factors | Jacobski (d) | | |
| (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | + 3+ | | |
| 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 | | |
| Section C - Distributable Amount | _ 8 | | Current Year |
| 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 | | |
| 5 Income tax imposed in prior year | 100 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | 5 | | |
| emergency temporary reduction (see instructions). | | | |
| 7 Check here if the current year is the organization's first as a non-functional | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional instructions). | y integrated | Type III supporting organization | ation (see |

Schedule A (Form 990) 2022

RAPIDS INC

Schedule A (Form 990) 2022

38-6113049 Page 7

| Pa | art V Type III Non-Functionally Integrated 50 | 9(a)(3) Supporting Org | anizations _{(continu} | ıed) | |
|----------|---|--------------------------------|---|-------------|---|
| Sec | tion D - Distributions | | | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish ex | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exen | npt purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpor | ses of supported organization | ıs | 3 | |
| _4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - p | provide details in Part VI) | | 5 | |
| _6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsive | 9 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| _ 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sec | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | s | (iii) Distributable Amount for 2022 |
| _1_ | Distributable amount for 2022 from Section C, line 6 | | | 9858 | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| _3_ | Excess distributions carryover, if any, to 2022 | | | | |
| <u>a</u> | From 2017 | | | A A A A A | |
| <u>b</u> | From 2018 | | | 271WW | |
| <u> </u> | From 2019 | | | 988 | |
| <u>d</u> | From 2020 | | | (A) (A) (A) | |
| <u>e</u> | From 2021 | | | Ġ. | |
| | Total of lines 3a through 3e | | | dilayi. | |
| | Applied to underdistributions of prior years | | *************************************** | | |
| | Applied to 2022 distributable amount | | | J. (3) | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | 14030 | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| | Applied to underdistributions of prior years | | | 7.00 | |
| | Applied to 2022 distributable amount | | | | |
| | Remainder, Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | 100 | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | 8 | |
| | than zero, explain in Part VI. See instructions. | | | | |
| | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | 新宿 | |
| | Excess from 2020 | | | 903 B | |
| | Excess from 2021 | | | | |
| <u>e</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

GOODWILL INDUSTRIES OF GREATER GRAND

| Part VI Supplemental Information. Provide the explanations required by Part II, line 17 per 1777. Part III, line 172 per 1777. Part | Schedule A | (Form 990) 2022 | RAPIDS | INC | | — CILDITEDIC CILINA | 38-6113049 |
|---|------------|---|------------------------|---------------------------------------|----------------|---|--|
| | Partivi | line 1; Part IV, Sec Section D. lines 5. | tion D, lines 2 and 3; | ⊃art IV Section F | lines 10 20 2h | IN TIC, MAIL IV, Section | ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, |
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Schedule A

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

2022

** Do Not File **

*** Not Open to Public Inspection ***

| Payer's Name | 2018 Amount | 2019 Amount | 2020 Amount | 2021 Amount | 2022 Amount |
|--|----------------|----------------|----------------|---|----------------|
| GOODWILL IND OF | | | | | |
| GRAND RAPIDS FOUNDAT | 500,000. | 0. | 0. | 0. | 0 |
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| otal to Schedule A, Part III, Line 7a | 500,000. | | | | |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND

RAPIDS INC

Employer identification number

Schedule B (Form 990) (2022)

38-6113049

| Organization type (chec | :k one); | |
|--|---|---|
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | 1 |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| Charletter | | |
| Note: Only a section 501 | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec | ial Rule. See instructions |
| General Rule | | nai ribioi oco instructionis. |
| asilo. Li Piulo | | |
| X For an organizat property) from a | ion filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contril | otaling \$5,000 or more (in money or butor's total contributions. |
| Special Rules | | |
| contributor, durir | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of Z, line 1. Complete Parts I and II. | b, and that received from any one |
| For an organization | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f | 6 |
| contributor, durin | ig the year, total contributions of more than \$1,000 exclusively for religious, charitable | le scientific |
| interary, or educat | tional purposes, or for the prevention of cruelty to children or animals. Complete Part | ts I (entering |
| IVA" In column (| b) instead of the contributor name and address), II, and III. | |
| is checked, enter purpose. Don't co | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received find the section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received find the section of the section of the section of the section of the section of the section of the parts unless the General Rule applies to this organization because, etc., contributions totaling \$5,000 or more during the year | ed more than \$1,000. If this box igious, charitable, etc., |
| Caution: An organization t answer "No" on Part IV, line | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ng requirements of Schedule B (Form 990). | B (Form 900) but it |
| _HA For Paperwork Reduct | ion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990) (2022) |

Name of organization
GOODWILL INDUSTRIES OF GREATER GRAND
RAPIDS INC

Employer identification number

38-6113049

| (a) No. | 4.1 | (c) | |
|------------------------------|--|---|----------------------|
| from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) | | \$ | |
| No. from Part i | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (0) | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. | (b) | (c) | |
| om art I | Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
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| | | | |
| ļ | | | |

Schedule B (Form 990) (2022) Name of organization Employer identification number GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC 38-6113049 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

GOODWILL INDUSTRIES OF GREATER GRAND Name of the organization RAPIDS INC

Employer identification number 38-6113049

| | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | 6. | s or Accounts. Complete if the |
|------|--|---|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wr | riting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's ex | clusive legal control? | ☐ Yes ☐ N |
| 6 | Did the organization inform all grantees, donors, and donor adv | visors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor or o | donor advisor, or for any other purpose | conferring |
| | impermissible private benefit? | | |
| Ра | Tensal Conservation Easements. Complete if the orga | nization answered "Yes" on Form 990, | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | (check all that apply). | |
| | Preservation of land for public use (for example, recreation | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total process restricted by | | 2a |
| b | rotal acreage restricted by conservation easements | | 2h |
| C | Number of conservation easements on a certified historic struct | ture included in (a) | 2c |
| d | number of conservation easements included in (c) acquired after | er July 25,2006, and not on a | |
| | historic structure listed in the National Register | *************************************** | 2d |
| 3 | Number of conservation easements modified, transferred, release | sed, extinguished, or terminated by the | organization during the tax |
| | year | | - |
| 4 | Number of states where property subject to conservation easen | nent is located | |
| 5 | Does the organization have a written policy regarding the period | lic monitoring, inspection, handling of | |
| _ | violations, and enforcement of the conservation easements it ho | olds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, har | ndling of violations, and enforcing cons | servation easements during the year |
| 7 | | | |
| - | Amount of expenses incurred in monitoring, inspecting, handling | of violations, and enforcing conserva | tion easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above s | atisfy the requirements of section 170/ | h)(4)/(D)(i) |
| | and section 170(h)(4)(B)(ii)? | | (1)(+)(D)(i) |
| 9 | In Part XIII, describe how the organization reports conservation e | easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footnote | to the organization's financial stateme | ente that describes the |
| | organization's accounting for conservation easements. | | |
| Par | Organizations Maintaining Collections of A | t, Historical Treasures, or Ot | her Similar Assets |
| | Complete if the organization answered "Yes" on Form 99 | 0, Part IV, line 8. | 7.000.0 |
| 1a | If the organization elected, as permitted under FASB ASC 958, n | ot to report in its revenue statement a | nd halance sheet works |
| | of art, historical treasures, or other similar assets held for public | exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its financial | statements that describes these item | e |
| b | If the organization elected, as permitted under FASB ASC 958, to | report in its revenue statement and h | alance sheet works of |
| i | art, historical treasures, or other similar assets held for public ext | nibition, education, or research in furth | erance of public service |
| | provide the following amounts relating to these items: | | orange of public service, |
| (| ii) Revenue included on Form 990, Part VIII, line 1 | | ¢ |
| | iii) Assets included in Form 990, Part X | | \$ |
| | f the organization received or held works of art, historical treasur | es, or other similar assets for financial | gain, provide |
| 1 | he following amounts required to be reported under FASB ASC (| 958 relating to these items: | Sand broude |
| a l | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b / | Assets included in Form 990, Part X | •••• | * |
| IA I | or Paperwork Reduction Act Notice, see the Instructions for | Form 990 | Schedule D (Form 990) 2022 |

232051 09-01-22

GOODWILL INDUSTRIES OF GREATER GRAND

| | edule D (Form 990) 2022 RAPIDS | INC | | | | | <u> 38-61</u> | <u>.13049</u> | Page 2 |
|----------------|---|---|------------------------|------------------------|---|-------------------------|---------------|---------------|--------------|
| Ра | rt III Organizations Maintaining C | | | | | | | S (contini | ued) |
| 3 | Using the organization's acquisition, access | ion, and other record | is, check any of th | e following tha | at make s | significant | use of its | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | • | d Loan or e | xchange prog | ram | | | | |
| b | Scholarly research | | | | | | | | |
| c | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how they further | the organizati | ion's exe | mpt purn | ose in Parl | XIII | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, historical tre | easures or oth | er simila | r assets | 000 1111 011 | 7.III. | |
| | to be sold to raise funds rather than to be m | aintained as part of t | he organization's | collection? | o omina | 1 433513 | | Yes | ☐ No |
| Pa | rt IV Escrow and Custodial Arran | gements. Compl | ete if the organiza | ion answered | "Vee" or | Form 90 | O Part IV | line 0 or | I NO |
| _ | reported an amount on Form 990, Pa | rt X. line 21. | ete ii tile organiza | don answered | 165 01 | i Fomi ss | o, Fartiv, | me s, or | |
| | ls the organization an agent, trustee, custod | | lians for contribution | nn ar athar aa | | !III | | | |
| 14 | | | | | | | _ | ٦., | |
| h | on Form 990, Part X? | | | •••••• | • | ••••• | ∟ | _ Yes | ∟ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | | ' | | |
| _ | Physician in the law of | | | | | | <u> </u> | Amount | |
| C . | Beginning balance | *************************************** | | | ••••• | . <u>1c</u> | | | |
| a | Additions during the year | | ····· | ••••• | | <u>1d</u> | ļ | | |
| е | Distributions during the year | | | | | <u>1e</u> | | | |
| f | Ending balance | *************************************** | | | | . 1f | <u> </u> | A | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | 21, for escrow or | custodial acco | ount liabi | lity? | | Yes | No |
| <u> b</u> | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has bee | n provided on | Part XIII | | ****** | | |
| Pa | t V Endowment Funds. Complete | f the organization an | swered "Yes" on I | Form 990, Par | t IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | ırs back | (d) Three | years back | (e) Four | ears back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | • | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | | | | | | | | | |
| | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent vear end balance | line 1a column | ol/ hold co. | | | | | - |
| | Board designated or quasi-endowment | | % | ajj neiu as. | | | | | |
| | Permanent endowment | % | | | | | | | |
| | | ⁷⁰ | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shot | | | | | | | | |
| 20 | | | | | | | | | |
| va | Are there endowment funds not in the posses | ssion of the organiza | tion that are held a | and administer | ed for th | 6 | | (- | |
| | organization by: | | | | | | | Y | es No |
| | (i) Unrelated organizations | | | | | | ••••• | 3a(i) | |
| | (ii) Related organizations | *************************************** | | | | ********** | | 3a(ii) | |
| D | If "Yes" on line 3a(ii), are the related organization | tions listed as require | ed on Schedule Ri | | ••••• | | •••••• | 3b | |
| Dor | Describe in Part XIII the intended uses of the | organization's endov | vment funds. | | | | | | **** |
| Par | | | | | | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11a. | See Form 990 | , Part X, | line 10. | | | |
| | Description of property | (a) Cost or of basis (investm | | st or other (other) | | ccumulate preciation | | (d) Book v | /alue |
| 1a | Land | | | L5,421. | 201312222 | | 960 966 | 51 E | 121 |
| b | Buildings | •• [| | 10,811. | F C |) O 3 O . | 1 1 | | 421. |
| C | Leasehold improvements | - | | 27,565. | | 283,81 | 11. | 2,257 | . UUU . |
| | | | | | 1,5 | 75,00 | | | 561. |
| | EquipmentOther | 1 | 4,40 | 38,826. | ١, ٥ | .75,09 | 73. | 1,313 | <u>//33.</u> |
| | | | <u> </u> | | | | | - 011 | |
| otal. | Add lines 1a through 1e. (Column (d) must ec | <u>jual Form 990, Part X</u> | (. column (B), line | (Oc.) | | | | 5,041, | <u>,715.</u> |

Schedule D (Form 990) 2022

| Schedule D | (Form 990) 2022 | RAPIDS | INC |
|------------|-----------------|--------|-----|
| | | | |

| Complete if the organization answered "Yes (a) Description of security or category (Including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | of your market well- |
|---|---|--|--|
| (1) Financial derivatives | (2) 2 3 11 14 14 14 14 | (b) Michied of Validation. Cost of end- | or-year market value |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | s Especial and a company of the comp |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV line 1 | 11c See Form 990 Bart V line 12 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-c | francisco |
| (1) | (., | (b) Welfied of Valuation, Cost of end- | n-year market value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | · · · · · · · · · · · · · · · · · · · | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | <u> </u> | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line 1 | id See Form 500 Darly Hay de | |
| (a) | Description | 1d. See Form 990, Part X, line 15. | |
| (1) RIGHT-OF-USE ASSETS | Besonption | | (b) Book value |
| (2) | | | 11,681,253 |
| (3) | | | · |
| (4) | · · · · · · · · · · · · · · · · · · · | | |
| (5) | | | |
| (6) | | | |
| (7) | <u> </u> | | |
| (8) | | | |
| (9) | | | |
| | | | |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u>15.) </u> | | 11,681,253 |
| · · · · · · · · · · · · · · · · · · · | 5 | | |
| Complete if the organization answered "Yes" of | n Form 990, Part IV, line 11 | e or 11f. See Form 990, Part X, line 25. | |
| (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OPERATING LEASE OBLIGATION | <u>S</u> | | 11,681,253 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | · · · · · · · · · · · · · · · · · · · |
| (8) | | | |
| (9) | | | |
| | | Į. | |
| tal. (Column (b) must equal Form 990, Part X, col. (B) line in Liability for uncertain tax positions. In Part XIII, provide the | 25.) | | 11,681,253. |

Schedule D (Form 990) 2022

RAPIDS INC

| Pai | t XI Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue per F | Return. |
|----------|--|---|---------------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | |
| 1 | Total revenue sains and other same at the same state of the same s | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | *************************************** | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| C | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| C | Add lines 4a and 4b | ******* | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 |
| Par | reconciliation of Expenses per Audited Financial Statem | ients With Expenses per | Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ı | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | . 2b | |
| C | Other losses | . 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | *************************************** | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 双意 题 |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | |
| þ | Other (Describe in Part XIII.) | . 4b | |
| | Add lines 4a and 4b | | 4c |
| 5 Dor | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) | | 5 |
| | XIII Supplemental Information. | | |
| Provid | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part | IV, lines 1b and 2b; Part V, line | 4; Part X, line 2; Part XI, |
| lines 2 | d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add | itional information. | |
| | | | |
| PAR | T X, LINE 2: | | |
| LAN | 1 A, LINE 4: | | · · · · · · · · · · · · · · · · · · · |
| THE | ORGANIZATION ANALYZED THE INCOME HAV BILL | | |
| | ORGANIZATION ANALYZES ITS INCOME TAX FILI | ING POSITIONS IN | THE FEDERAL |
| AND | STATE JURISDICTIONS WHERE IT IS REQUIRED | MO DITH INCOME | 37. 5989755 |
| | DESCRIPTION WHENE IT IS REQUIRED | TO FILE INCOME | TAX RETURNS, |
| FOR | ALL OPEN TAX YEARS IN THESE JURISDICTIONS | . MO TOBAMITES D | O. (11173-1117) - 1117 |
| | OT THE TENTED IN THESE SOKISDICTIONS | o, TO IDENTIFY PO | J.EU.LTAP |
| UNC | ERTAIN TAX POSITIONS. THE ORGANIZATION HA | C TYATITAMED THE | TATOONE MAN |
| | HA MOLITARITY TO THE CHARLES THE CAGANITATION HA | EVALUATED ITS | INCOME TAX |
| FIL | ING POSITIONS FOR FISCAL YEARS 2019 THROUG | יגומע ומנות פרתב עני | og varran |
| | THE TOTAL TOK TIDEAR TEAKS 2019 THROOG | H ZUZZ, THE YEAR | RS WHICH |
| REM | AIN SUBJECT TO EXAMINATION AS OF DECEMBER | 21 2022 mm | |
| | SOURCE TO EXPERIMATION AD OF DECEMBER | 51, 2022. THE (| ORGANIZATION |
| CON | CLUDED THAT THERE ARE NO SIGNIFICANT UNCER | MATNI MAY DOCUME | NATE TRANSPORT |
| | THE THE HO DIGHT CANT ONCER | THIN TAK POSITIO | NE KEQUIRING |
| REC | OGNITION IN THE ORGANIZATION'S CONSOLIDATE | ነን ፑፒእንአነሮፒአቲ ሮጠአበ | DEMENTAC COLOR |
| | The little of the little of the composition is composition in | D FINANCIAL STAT | TEMENTS. THE |
| ORG | ANIZATION DOES NOT EXPECT THE TOTAL AMOUNT | OF IMPROCANTER |) May pakaarma |
| | AND AND AND AND AND AND AND AND AND AND | OF CHURCOGNIZED | A THY DEMOLITS |
| ("ט") | PB") (E.G. TAX DEDUCTIONS, EXCLUSIONS, OR | CREDITES CT.ATMED | OP EADEGWAD |
| | ALLEGE TOND, OR | CHEDITO CHATHED | ON EAPECIED |
| ro e | BE CLAIMED) TO SIGNIFICANTLY CHANGE IN THE | MEXIT TO MON | TTU O TOTO |
| 32054 (| | TATALATINA EN INCIN | |
| | | | Schedule D (Form 990) 2022 |

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

| Schedule D (Form 990) 2022 RAPIDS INC | 38-6113049 Page 5 |
|---|-------------------|
| Part XIII Supplemental Information (continued) | |
| ORGANIZATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTERE | ST AND PENALTIES |
| RELATED TO UTBS AT DECEMBER 31, 2022 OR 2021, AND IS NOT | AWARE OF ANY |
| CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR STATE INCOME TAX AU | THORITIES. |
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SCHEDULE J (Form 990)

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.

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Inspection
Employer identification number 38-6113049

OMB No. 1545-0047

Part I Questions Regarding Compensation

| 4 | 2. Check the appropriate hard-16th and 1 | | Yes | No |
|---------|--|---------------------------|--------------------|---------------|
| • | a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | 900000 920000 | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | 10000 | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | 1000000 | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| 1 | o 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 | r waaraaa | 490001950 |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors | 23554 | £ 85%2/4873 | (3)(33)(|
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | 4 (42.4) | 94419-65 |
| | | | X North | digital since |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | 0.394 | | |
| | Compensation committee X Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | X Form 990 of other organizations X Approval by the board or compensation committee | 0.49894 | | |
| | Approval by the board or compensation committee | \$10000 30000 30000 | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| a | Proping a payment of the same | | | |
| b | Participate in or receive normant from a supplemental to the suppl | 4a | | <u> </u> |
| С | Participate in or receive permont from an accitate | 4b | | Х |
| | If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. | 4c | | Х |
| | and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3) 501(c)(4) and 501(c)(60) arrests to | 2000 m | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| _ | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| а | • | | | |
| h | The organization? Any related organization? | 5a | | X |
| | - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 | 5b | | X |
| 6 | The second of th | 280/3685 315 (448 | 3/05/200 | |
| ٠ | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| _ | contingent on the net earnings of: | | | |
| 21 L | The organization? Any related organization? | 6a | | X |
| D | | 6b | | X |
| | and the state of t | | 68 (1887) B | 1100 UNIV |
| 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 | N-1703/01/10/10/10 | X |
| _ | and any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that was subject to the | VAN ACE | | |
| | initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes." describe in Part III | 8 | owerbille | X |
| y | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | 38.635 V. | 10074688 |
| | Regulations section 53.4958-6(c)? | 9 | gasted (fr. 191) | 2007 (11) |
| НΔ | For Panarwork Reduction Ast Notice and the state of the s | | | |

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

Schedule J (Form 990) 2022

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Schedule J (Form 990) 2022

38-6113049

Page 2

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).

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 | W-2 and/or 1099-MISC and/or 1099-NEC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|------|--------------------------|---|-------------------------------------|-----------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | (A) (N/A) | reported as deferred on prior Form 990 |
| (1) R. SCOTT DILLARD | (i) | 269,83 | 60,032. | 0 | 9,799. | 7,057. | 346,725. | 0 |
| | 9 | 0 | ľ | 0. | | 0 | 0 | 0. |
| (2) DAVE BKINZA | 8 | 206,83 | 21,314. | 0. | 8,273. | 14,728. | 251,151. | 0 |
| - I | | 7 | | 0 | | 0. | 0. | 0 |
| (3) JILL WALLACE | 8 | 153,85 | 16,139. | 0 | 6,148. | 18,015. | 194,160. | 0 |
| | | | 0 | 0. | 0. | | 0 | 0 |
| (4) TONY CALCAGNO | € | 122,521. | 12,626. | 0 | 4,901. | 17,898. | 157,946. | 0 |
| CHIEF TALENT DEVELOPMENT O | ₿ | | 0 | 0 | 0.0 | 0 | | 0 |
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232112 10-18-22

Schedule J (Form 990) 2022

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Schedule J (Form 990) 2022 RAPIDS INC

Part III Supplemental Information

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

Schedule J (Form 990) 2022

232113 10-18-22

SCHEDULE L

Transactions With Interested Persons

(Form 990) 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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open To Public

OMB No. 1545-0047

| internal Novelide Service | | | ww.irs.gov/For | | | | | | nation. | | | 2000 | nspec | tion | | | |
|----------------------------|--------------------|--------|-------------------|---------|-------------------|------------|------------------|----------------|---|------------|--|------------------------------------|--|--|--|-----|---|
| Name of the organization | GOODWII | ıL | INDUSTR | ES | OF | GRE | ATER GR | AND | | En | Employer identification number | | | | | | |
| T | RAPIDS | IN | <u>IC</u> | | | | | | | 38 | 8-6: | 1130 |)49 | | | | |
| Part I Excess Ber | nefit Trans | acti | ons (section 5 | 501(c)(| (3), sec | tion 50 | 1(c)(4), and s | ection 501(| c)(29) org | anizat | ions a | nly). | | | | | |
| Complete if the | e organization | ans | wered "Yes" on | Form | 990, F | art IV, I | ine 25a or 25 | b, or Form | 990-EZ, F | art V. | line 4 | 0b. | | | | | |
| 1 (a) Name of disqualified | · · | (b) i | Relationship bei | lween | disqua | alified | | | | | | ***** | 10 | 1 Corr | ected? | | |
| (a) Name of disqualified | person | | person and c | rgania | zation | | | (c) Descrip | tion of tra | nsacti | on | | | /es | No | | |
| | | | | | | | | | | | | | 十 | | -110 | | |
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| 2 Enter the amount of tax | cincurred by t | he o | rganization mar | agers | or dis | qualifie | d persons du | ring the ve | ar under | | ******* | | | L | | | |
| section 4958 | | | | | | | | | | | \$ | | | | | | |
| 3 Enter the amount of tax | c, if any, on line | e 2, a | above, reimburs | ed by | the or | ganizat | ion | ******** | ••••• | • | ↓ \$ | | | | | | |
| | | | | | | • | ********* | ************* | | | Ψ | | | | | | |
| Part II Loans to an | d/or From | Inte | erested Per | sons | | ***** | ***** | | | | | *** | | **** | | | |
| Complete if the | organization | answ | vered "Yes" on I | Form s | 990·EZ | . Part V | /. line 38a or i | Form 990. I | Part IV lin | e 26. | or if th | e oras | mizati | on | | | |
| reported an am | ount on Form | 990, | Part X, line 5, 6 | 5, or 2 | 2. | | , | | w | 20, | OI 11 U | o orga | ii iiZau | UH | | | |
| (a) Name of | (b) Relations | ship | (c) Purpose | (d) L | oan to or | (е |) Original | (f) Balar | ce due | (a |) In | (h) Ap | prover | /n V | Vritten | | |
| interested person | with organiza | ition | of loan | | m the Ization? | | ipal amount | `, | til mainting and | default? | | (i) W by board or committee? | | ment? | | | |
| | | | | То | From | | | | | | Ye | | 1 1 | Yes | | Yes | 1 |
| ···· | | | | | | | | | | 100 | 1,10 | 103 | 140 | 163 | 140 | | |
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| otal | | | | | | *** | \$ | | | 1474 1912 | gagaa | 3257.8857 | 989890 | 0000000 | Menuel | | |
| Part III Grants or As | | | | | | | | ***** | | | | 24340433473 | | elections: | SAVIBLANIA | | |
| Complete if the o | organization a | nswe | ered "Yes" on F | orm 9 | 90, Pa | rt IV. lin | e 27. | | | | | | | | | | |
| (a) Name of interested p | person | |) Relationship t | | | | Amount of | <u> </u> | (d) Type | of | | | Dive | | | | |
| | | | interested perso | on and | | | ssistance | | assistanc | | | | Purpo Issista | | | | |
| | | | the organiza | tion | | | | | | | | _ | | 1100 | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

| (a) Name of interested person | red "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested | (c) Amount of | (d) Description of | (e) Sharing of organization's | | |
|---------------------------------------|---|------------------|--------------------|---|---------|--|
| | person and the organization | transaction | transaction | rever | nues? | |
| FLOYD WILSON, JR | FOUNDATION TRUSTEE | 0. | GENERAL PAR | Yes | No X | |
| ANTHONY CALCAGNO | CHIEF TALENT DEVELO | | SPOUSE IS E | | X | |
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| Part V Supplemental Information. | | | | | <u></u> | |
| Provide additional information for re | sponses to questions on Schedule L (see in | structions). | | | | |
| COULT DADE TO DESCRIPT | | | | | | |
| SCH L, PART IV, BUSINESS | TRANSACTIONS INVOLVING | 3 INTERESTE | D PERSONS: | | | |
| (A) NAME OF PERSON: ANTHO | NV CAICACNO | | | | | |
| (11) HILL OF FERDON: ANTIC | MI CABCAGNO | | | | | |
| (B) RELATIONSHIP BETWEEN | INTERESTED PERSON AND | ORGANTZATT | ON: | | | |
| | | ONIONALIA ELLE A | <u> </u> | | | |
| CHIEF TALENT DEVELOPMENT | OFFICER | | | | | |
| (5) 55555 | | | | | | |
| (D) DESCRIPTION OF TRANSF | ACTION: SPOUSE IS EMPLO | YED BY GIG | GR | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Types of Property

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

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Employer identification number 38-6113049

| | | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contr amounts repor Form 990, Part Vi | ted on | no | Method | (d) I of determinir Intribution am | ng ounts |
|-----|--|-------------------------------|--------------------------------------|--|-----------------------|----------|--------------|--|---------------------------------------|
| 1 | Art - Works of art | | itema contributed | Form 990, Fart VI | ii, iine ig | ļ | | | · · · · · · · · · · · · · · · · · · · |
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| 3 | | | | | | | | | |
| 4 | | Х | series entre de como | 28 | 495 | CTT | PECOI | MMENDED | CATC |
| 5 | | Х | | 8.677 | 297. | CTT | RECO | MENDED | CALC |
| 6 | Cars and other vehicles | | | | ,457. | 011 | KIBCOI | Сасивии | CALC |
| 7 | Boats and planes | | | | | | | | ···· |
| 8 | Intellectual property | | | | | | ···· | | |
| 9 | Securities - Publicly traded | | | | | L | | | |
| 10 | Securities - Closely held stock | | | | | | | · | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | ··· |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - Historic structures | | | · | | | | | <u></u> |
| 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 | | | | | <u></u> | | | |
| 21 | Taxidermy | | | | | | ···· | | |
| 22 | Historical artifacts | | | <u> </u> | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other () | | | | | | | | |
| 26 | Other () | | | | | | | | |
| 27 | Other (| | | | | | | | |
| 28 | Other (| | | | | ••• | | | |
| 29 | Number of Forms 8283 received by the organiza | tion during A | <u> </u> | | | | | | |
| | for which the organization completed Form 8283 | Dody De | ne tax year for con | tributions | | | | | |
| | organization completed Form 6263 | o, Fait V, Doi | nee Acknowledgen | nentL | 29 | | ···· | | |
| 30a | During the year, did the organization receive by | oontribution. | | | | | | Ye | s No |
| | must hold for at least 3 years from the date of the | e initial cont | any property repor | ted in Part I, lines : | l through | 28, that | : it | | |
| | exempt purposes for the entire holding period? | C HILLIAN CONTR | ibution, and which | isn't required to b | e used for | ٢ | | 12.05 | |
| b | If "Yes," describe the arrangement in Part II. | | | ••••••••••• | ********** | | | . 30a | X |
| 31 | Does the organization have a diff acceptance no | licy that room | rivaa tha variif | | | | | | |
| 32a | Does the organization have a gift acceptance pol Does the organization hire or use third parties or | related orga | nizations to solicit, | any nonstandard c process, or sell no | ontribution oncash | ns? | | 31 X | |
| | contributions? | | ****************** | | | | | 32a | x |
| | ii res, describe in Fart II. | | | | | | ************ | VA.G | |
| 33 | If the organization didn't report an amount in cold describe in Part II, | ımn (c) for a | type of property fo | r which column (a) | is checke | ed, | | | |
| LHA | For Paperwork Reduction Act Notice, see the | e Instruction | ns for Form 990. | | *** | | Schodul | M (Form 99 | 0) 0000 |

232141 09-09-22

Schedule M (Form 990) 2022

GOODWILL INDUSTRIES OF GREATER GRAND

| Schedule M (Form 990) 2022 RAPIDS INC Part II Supplemental Information. Provide the information required to Part II Supplemental Information. | 38-6113049 | Page 2 |
|--|--|---|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, as is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information. | nd 33, and whether the organiza combination of both. Also comp | ition plete |
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| 42 09-09-22 | Schedule M (Form 99 | 10) 2022 |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 2, NEW PROGRAM SERVICES:

TO SOLICIT, COLLECT, RECEIVE AND ADMINISTER FUNDS FOR THE BENEFIT OF

GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS, INC. THIS WAS PREVIOUSLY

ADMINISTERED BY GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS FOUNDATION.

EFFECTIVE AUGUST 26, 2022, THE GOVERNING BOARDS OF GOODWILL AND THE

FOUNDATION MUTUALLY AGREED TO MERGER AND TRANSFER THE FOUNDATION ASSETS

TO GOODWILL AND DISCONTINUE THE FOUNDATION. IN OCTOBER 2022, \$3,184,434

OF CASH AND INVESTMENTS, WERE TRANSFERRED BY THE FOUNDATION TO

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

Schedule O (Form 990) 2022

GOODWILL.

11260417 759633 62216.62216

Schedule O (Form 990) 2022 Page 2 Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND Employer identification number RAPIDS INC 38-6113049 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 EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE EXECUTIVE TEAM OF OFFICERS REVIEWS AND GIVES INPUT ON THE FORM 990 AT ITS REGULAR MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EACH NEW "RESPONSIBLE PERSON" (DEFINED BY GIGGR'S CONFLICT OF INTEREST POLICY AS ANY PERSON SERVING AS AN OFFICER, EMPLOYEE, OR MEMBER OF THE BOARD OF DIRECTORS OF GIGGR) IS REQUIRED TO REVIEW AND SIGN AN ACKNOWLEDGMENT FOR GIGGR'S CONFLICT OF INTEREST POLICY. AT THAT TIME, AND ANNUALLY THEREAFTER, EACH RESPONSIBLE PERSON IS REQUIRED TO COMPLETE A DISCLOSURE STATEMENT IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT S/HE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST. THE EXECUTIVE FINANCE COMMITTEE OF GIGGR'S BOARD OF DIRECTORS THEN ANNUALLY REVIEWS ALL DISCLOSED

AND KNOWN CONFLICTS OF INTEREST INVOLVING OFFICERS AND MEMBERS OF THE BOARD

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC

Employer identification number 38-6113049

OF DIRECTORS AND ADDRESSES THOSE CONFLICTS PURSUANT TO GIGGR'S CONFLICT OF INTEREST POLICY.

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

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE ORGANIZATION'S C.E.O., 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 MATTERS RELATING TO COMPENSATION OF THE ORGANIZATION'S EXECUTIVES AND KEY 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

Schedule O (Form 990) 2022

Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND Employer identification number RAPIDS INC 38-6113049 AVAIALBLE TO THE PUBLIC UPON REQUEST. FORM 990, PART X, LINE 15 THE ORGANIZATION'S ROU ASSETS ARE RECORDED AS RIGHT-OF-USE ASSETS ON THE STATEMENTS OF FINANCIAL POSITION AT DECEMBER 31, 2022, IN THE AMOUNT OF \$11,681,253, AND CONSIST ENTIRELY OF OPERATING LEASE ASSETS. MANAGEMENT ANNUALLY REVIEWS THESE ROU ASSETS FOR IMPAIRMENT WHENEVER EVENTS OR CIRCUMSTANCES INDICATE THAT THEIR CARRYING VALUES MAY NOT BE FULLY RECOVERABLE FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: MERGER/TRANSFER OF FOUNDATION CASH AND INVESTMENTS 3,184,434. FORM 990, PART XI, LINE 8 DURING 2016, THE ORGANIZATION SOLD FIVE BUILDINGS AND CERTAIN EQUIPMENT WITH A NET BOOK VALUE OF APPROXIMATELY \$7,376,000 FOR \$9,118,000 AND SUBSEQUENTLY ENTERED INTO A LEASE AGREEMENT FOR EACH PROPERTY WITH THE RESPECTIVE BUYERS. DIRECT COSTS INCURRED IN CONNECTION WITH THESE TRANSACTIONS APPROXIMATED \$460,000. THE GAIN ON SALE OF THE PROPERTY OF \$1,282,219 IS RECOGNIZED IN PROPORTION TO THE GROSS RENT EXPENSED OVER THE LEASE TERM. THE GAIN ON SALE RECOGNIZED WAS \$128,031 FOR THE YEAR ENDED DECEMBER 31, 2021. THE REMAINING DEFERRED GAIN ON SALE WAS \$602,649 AS OF DECEMBER 31, 2021. UPON ADOPTION OF ASC TOPIC 842 USING THE MODIFIED RETROSPECTIVE METHOD, THE ORGANIZATION RECOGNIZED THE PRIOR DEFERRED GAIN ON SALE, WHICH HAD PREVIOUSLY BEEN ACCOUNTED FOR AS A SALE AND OPERATING LEASEBACK IN ACCORDANCE WITH ASC 840, AS A CUMULATIVE EFFECT ADJUSTMENT TO BEGINNING 232212 10-28-22 Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page |
|--|---|
| Name of the organization GOODWILL INDUSTRIES OF GREATER GRAND RAPIDS INC | Employer identification number 38-6113049 |
| NET ASSETS IN THE AMOUNT OF \$602,649 AS OF JANUARY 1 | . 2022. |
| | ., Lvda. |
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| FORM 990, PART XII, LINE 2C | |
| THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF | THE INDEPENDENT |
| AUDITOR HAS NOT CHANGED FROM PRIOR YEARS. | |
| THOM THANS. | |
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