1 5 2021	
JAN	
SCANARIO	

					RN-SECTION			EPEAL		
Form 990-T		Exempt Orga				ax Ke	turn	OMB No 1545-0887		
	F		nd proxy tax und	der sed	(e) SCUO NOIT:	181	12	2018		
•	Force	lendar year 2018 or other tax ye Go to www		2010						
Department of the Treasury Internal Revenue Service	>	Do not enter SSN number		01(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed		Name of organization ((Empl	oyees' trust see ctions)						
B Exempt under section	Print	3	8-1362823							
X 501(c)(3)	Or	Number, street, and room		ated business activity code natructions)						
408(e) 220(e)	Туре									
408A 530(a) 529(a)		099								
C Book value of all assets at end of year	1 draw overhead the state of th									
11 5-1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		G Check organization typ		orporation		- 15 1- 1-	401(a) trust	Other trust		
H Enter the number of the		SALLOWED FRI		rs		- •	r first) unrelated Parts I-V. If more	than one		
		ace at the end of the previo								
business, then complete	-	•	da aciitailee, complete i	ans an	in, complete a ocheod	-	acollional dace	O.		
During the tax year, was			affiliated group or a par	ent-subsi	diary controlled group?		▶ ☐ Ye	es No		
• • •		tifying number of the pare								
J The books are in care of					Telep	hone numbe	r ▶ 313-	964-3900		
		de or Business Inc	come		(A) Income		Expenses	(C) Net		
1a Gross receipts or sal			↓							
b Less returns and allo			c Balance			25 14 3 2 W	10年度10年 10年度			
2 Cost of goods sold (•		2			Take The section	(24) 有鲜型种类的形式		
3 Gross profit, Subtrac			√ ∧	3	· · · · · · · · · · · · · · · · · · ·	francista	THE PARTY OF			
4 a Capital gain net incor		Part II, line 17) (attach Fori	m 4707)	4a 4b			THE PERSON OF			
c Capital loss deductio			114737)	4c			和古典教室和教			
•		ship or an S corporation (a	attach statement)	5		CAFECTA	经验的			
6 Rent income (Schedi			,	6	-			. .		
7 Unrelated debt-finan	ced inco	me (Schedule E)		7				•		
8 Interest, annuities, ro	yaltıes, e	and rents from a controlled	organization (Schedule f	P) 8		<u> </u>				
9 Investment income of	f a secti	on 501(c)(7), (9), or (17) t	organization (Schedule (G) 9		 		••		
10 Exploited exempt act	-	, ,		10		 				
11 Advertising income (•		11			MEN A APPA WETOKE			
12 Other income (See in				12	0.		的形式的			
13 Total Combine line	ne N	ot Taken Elsewhe	re (See instructions	for limits				<u> </u>		
		utions, deductions mus								
14 Compensation of of	ficers, d	irectors, and trustees (Sch	edule K)				14			
15 Salaries and wages							15			
16 Repairs and mainte	папсе						16			
17 Bad debts							17			
·	Interest (attach schedule) (see instructions)									
19 Taxes and licenses20 Charitable contribut	unne /Se	e instructions for limitation	n rules)				19 20	 		
21 Denreciation (attacl	n Form 4	1562)			21		20			
22 Less depreciation c	laimed o	on Schedule A and elsewhe	re of RECEIV	ED	228		22b			
23 Depletion			Ĭ				23	 		
24 Contributions to de	ferred co	ompensation plans	NOV 17 2	ກວກ	080-8		24			
25 Employee benefit p		i ic		~ ~~	(§)		25			
26 Excess exempt exp		Schedule I)		: 17	7 =		- 28	-· · · · ·		
27 Excess readership (OGDEN.	<u> </u>	-		27			
28 Other deductions (a							-28			
29 Total deductions		-			.,		29	0.		
		income before net operation	-				30	O.		
		loss arising in tax years buincome. Subtract line 31 fr	-	uary 1, 20	10 (See Instructions)		31	0.		
		rwork Reduction Act Notic					32	Form 990-T (2018)		



Form 990-T	2018) GOODWILL INDUSTRIE	S OF GREATER DETROIS	r	38-136	2823	Page 2
Part II	Total Unrelated Business Taxat	ole Income				• •
33	Total of unrelated business taxable income comput	is)	33	0.		
34	Amounts paid for disallowed fringes	34				
	Deduction for net operating loss arising in tax years	35				
	Total of unrelated business taxable income before s					
	lines 33 and 34	36				
	Specific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)			37	1,000.
	Unrelated business taxable income Subtract line		ne 36			
	enter the smaller of zero or line 36	or nom mile oos if mile or is greater man			38	0.
	Tax Computation				1 40 1	
	Organizations Taxable as Corporations. Multiply	ine 38 by 21% (0.21)		>	39	0.
	Trusts Taxable at Trust Rates. See instructions for		nt on line 38 fr	-	S. Harr	
70	Tax rate schedule or Schedule D (Fo	· ·		→	40	
41	Proxy tax. See instructions	1111 1041)		>	41	
	Alternative minimum tax (trusts only)				42	
	Tax on Noncompliant Facility Income. See instruc	ations			43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, wh				44	0.
	Tax and Payments	ionover applies			1 44 1	
-	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		1.333	
	Other credits (see instructions)	a dotte attack i oral i i i oy	45b		[發]	• •
	General business credit. Attach Form 3800		45c			
	Credit for prior year minimum tax (attach Form 880	11 or 8827)	45d		100 E	•
	Total credits. Add lines 45a through 45d	71 01 0027)	730		1	
-	Subtract line 45e from line 44				45e	0:
48	Other taxes Check if from Form 4255	Form 8611 Form 8697 Form	9966 🗀 0	ther (attach schedule)	46	
		FUIII 60 11 [] FUIII 6097 [] FUIII	0000 [0	IIIEI (attach schedule)		. 0.
	Total tax. Add lines 46 and 47 (see instructions)	Form OCE D. Dont II. column (I/) ling 0			48	0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, Column (k), line 2	500		49	
	Payments. A 2017 overpayment credited to 2018		50a 50b		[計	
	2018 estimated tax payments	•		100.	1886	•
	Tax deposited with Form 8868	as (one instructions)	50c	100.	133	, ,
	Foreign organizations. Tax paid or withheld at sour	ce (see instructions)	50d		13.5	•
	Backup withholding (see instructions)	(-M 5 0044)	50e			
	Credit for small employer health insurance premiur		_50f		一學是	•
g	: : : : : ==	orm 2439				
		ther Total	► <u>50g</u>			, 100
51	Total payments Add lines 50a through 50g	0000			51-	100.
52	Estimated tax penalty (see instructions). Check if F			_	52	
53	Tax due. If line 51 is less than the total of lines 48, Overpayment. If line 51 is larger than the total of l				54	100.
54	Enter the amount of line 54 you want. Credited to		}	Refunded >	55	100.
Part V			ion (see in		1 33 1	
56	At any time during the 2018 calendar year, did the					Yes No
30	over a financial account (bank, securities, or other)	•		=		24 220 19 19 19 19 19 19 19 19 19 19 19 19 19
	FinCEN Form 114, Report of Foreign Bank and Fina	• •				
	here	inclai Accounts. If Tes, enter the hame of	ilis loreigh cou	mu y		mark market
57	During the tax year, did the organization receive a	distribution from or was it the granter of o	r transforar to	a foreign truct?		
9/	If "Yes," see instructions for other forms the organi	•	i (ialisicioi to,	a loreign trustr		550 A 17.853
58	Enter the amount of tax-exempt interest received o					
	Under penalties of perjury depths that I have examined correct, and complete Declaration of preparer (other than		statements, and	to the best of my knowle	egbe and pel	lief, it is true
Sign	correct and complete Declaration of preparer (other than	1 .				
Here	h Muss Van	- 1/13/2020 PRESI	DENT AN			discuss this return with shown below (see
	Signature of officer	Date Title			nstructions)?	
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	الميتينية والمستحدث
5 · (Tring Type proparer a name	Topardi Salginataro	Dato	self- employed	1	
Paid	MICHAEL SANTICCHIA	MICHAEL SANTICCHIA	11/13/2			0149461
Prepa	TO A STITLE A DITT COD C	^		Firm's EIN		-1910111
Use C		SBURY BLVD., SUITE	210	7,11113 CHV		
	Firm's address FARMINGTON			Phone no.	(248)	355-0280
823711 01				11.3.10 1101		Form 990-T (2018)
02071101						. 3.111 223 1 (2010)