EXTENDED TO NOVE	мъъ	R 16. 2020					
990-T Exempt Organization Business			ax Returi	n L	OMB No 1545-0047		
(and proxy tax under			1011)		0040		
For calendar year 2019 or other tax year beginning		, and ending	1112	_	2019		
Department of the Treasury Go to www irs.gov/Form990T for insti					Open to Public Inspection for		
Internal Revenue Service Do not enter SSN numbers on this form as it may be			tion is a suricita		Open to Public Inspection for 501(c)(3) Organizations Only byer identification number		
A Check box if Name of organization (Check box if name cha	anged	and see instructions.)		(Empl	oyees' trust see		
B Exempt under section Print GOODWILL INDUSTRIES OF	GRE	ATER DETROI	T	3	8-1362823		
X 501(C)(3 0) Number, street, and room or suite no. If a P.O. box,	Number street and soom or suite political Or how one unstructions						
408(e) 220(e) Type 3111 GRAND RIVER AVENUE	3111 GRAND RIVER AVENUE						
408A 530(a) City or town, state or province, country, and ZIP or f		n postal code			000		
529(a) DETROIT, MI 48208-2962 C Book value of all assets F Group exemption number (See instructions.)				900	099		
C Book value of all assets at and of year F Group exemption number (See instructions.) ▶ O Check organization type ▶ X 501(c) corpo		501(c) trust	4010	a) trust	Other trust		
H Enter the number of the organization's unrelated trades or businesses.	Tation	· · · · · · · · · · · · · · · · · · ·	the only (or first) i		Other trast		
trade or business here DISALLOWED FRINGE BENEFITS			complete Parts I-\		than one,		
describe the first in the blank space at the end of the previous sentence, complete Parts							
business, then complete Parts III-V.							
1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-	-subsi	diary controlled group?	>	Ye	es 🗓 No		
If "Yes," enter the name and identifying number of the parent corporation.				212	064 2000		
J The books are in care of ► MICHAEL KLEINHEKSEL Part la Unrelated Trade or Business Income			one number		964-3900 (C) Net		
<u> </u>		(A) Income	(B) Expens		Up		
1 a Gross receipts or sales b Less returns and allowances c Balance	1c				李贯(李)(4)		
2 Cost of goods sold (Schedule A, line 7)	2				科型/ 使用例		
3 Gross profit. Subtract line 2 from line 1c	3		PARTERINA				
4a Capital gain net income (attach Schedule D)	4a		MANATURE !				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		SPANISTIS:				
c Capital loss deduction for trusts	4c		THE PERSON NAMED IN				
5 Income (loss) from a partnership or an S corporation (attach statement)	5		#13 TO FEET 124'S	经"说"			
Rent income (Schedule C)	6_						
7 Unrelated debt-financed income (Schedule E)	7						
Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<u>8</u> 9						
10 Exploited exempt activity income (Schedule I)	10						
11 Advertising income (Schedule J)	13/						
12 Other income (See instructions, attach schedule)	12		的社会的政治的	THE P			
13 Total, Combine lines 3 through 12	13	0.					
[Part II] Deductions Not Taken Elsewhere (See instructions for (Deductions must be directly connected with the unrelated busines	limita	ations on deductions)					
	55 1110	come.)		T			
14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages				14			
15 Salaries and wages 18 Repairs and maintenance RECEIVED)	Ì		15			
17 Bad debts		Q		17			
A 1	,	SO-SN 20		18			
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses NOV 1 7 2020	ָן ט	χ <u>ή</u>		19			
20 Depreciation (attach Form 4562)		1		1200			
21 Less depreciation claimed on Schedule A and elsewhere on Tolta DEN, U	JT _			216			
22 Depletion				22			
23 Contributions to deferred compensation plans				23	<u> </u>		
24 Employee benefit programs 25 Excess exempt expenses (Schedule I)				24			
25 Excess exempt expenses (Schedule I) 26 Excess readership costs/(Schedule J)				25 26			
27 Other deductions (attach schedule)				27			
28 Total deductions Add lines 14 through 27				28	0.		
29 Unrelated business taxable income before net operating loss deduction. Subtract l	line 28	3 from line 13		29	0.		
30 Deduction for net operating loss arising in tax years beginning on or after January	, 1, 20	118			•		
(see instructions)				30	0.		
31 Unrelated business taxable income, Subtract line 30 from line 29				31	0. Form 990-T (2019)		



	此门Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32		0.
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)			0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	34		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		1	,000.
39	Unrelated business taxable Income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37			
Par	Tax Computation	39 1		0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from.			
	Tax rate schedule or Schedule D (Form 1041)	4		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	48		
44	Tax on Noncompliant Facility Income See instructions	44		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
Par	/ 	, v	·····	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) Other credits (corporations)	 .		
D	Other credits (see instructions) General business credit. Attach Form 3800 460 460			
4	Table Tabl			
	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits Add lines 46a through 46d	1-1-		
47	Subtract line 46e from line 45	48e		0.
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		<u> </u>
49	Total tax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a	Payments A 2018 overpayment credited to 2019	1		
	2019 estimated tax payments 5th	1 '		
6	Tax deposited with Form 8868 5tc	1 1		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 5 id 5] -		
e	Backup withholding (see instructions) 51e			
f	Credit for small employer health insurance premiums (attach Form 8941) 5 if			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51a			
52	Total payments. Add lines 51a through 51g	\$2		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53		
54 55	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	54		
56	Cataraba a service of the CC and the Co and the Co and the Co	55	·	
	VI Statements Regarding Certain Activities and Other Information (see instructions)	56		·
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
- •	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			- 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		Ī	1 1
	here			x
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		 -	X
	If "Yes," see instructions for other forms the organization may have to file.		-	
59	Enter the amount of tax-exempt prefest received or accrued during the tax year > \$			
C	Under paralities of periody indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete periodic preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and be	ekef, it is true	
Sign	15 Miller Walance		discuss this re	eturn with
Here	PRESIDENT AND CEO	preparer	shown below	(900)
)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check I	PTIN	4	
Paid				
Pre	Darer MICHAEL SANTICCHIA MICHAEL SANTICCHIA 11/13/20		000468	
	Only Firm's name ► UHY ADVISORS MI, INC. Firm's EIN ►	3 5	3-1910	111
Use			3-1310	***
Use	Only 455 E. EISENHOWER, SUITE 102 Firm's address ► ANN ARBOR, MI 48108 Phone no. 7			