Form	9	9	0
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EXTENDED TO NOVEMBER 15, 2022

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.



Department of the Treasury Internal Revenue Service

AF	or the	2021 calendar year, or tax year beginning and	ending								
B c	heck if pplicable	C Name of organization		D Employer identified	cation number						
	Addres change Name change		NC.	64-03624	10						
	⊐Initial										
Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Final 104 EAST STATE STREET (601) 853-8110											
If the second											
	Amend return	H(a) Is this a group re									
				for subordinates							
	pendin	^g SAME AS C ABOVE		H(b) Are all subordinates in							
11	ax-exe	mpt status: X 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) (or 527		list. See instructions						
		e: ► HTTP://GOODWILLMS.ORG		H(c) Group exemptio							
κF	orm of	organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: MS						
	irt I	Summary									
•	1 6	Briefly describe the organization's mission or most significant activities: $rac{ extsf{THE}}{ extsf{c}}$ (ORGANI	ZATION ASSI	STS PEOPLE						
Activities & Governance		WITH DISABILITIES AND OTHER BARRIERS TO (OBTAIN	I EMPLOYMENT	•						
Srn8	2	Check this box $ig > igsqcup$ if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets.						
Ň	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	19						
ي م	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $$		19							
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a) \ldots			307						
iviti		Total number of volunteers (estimate if necessary)		46							
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	l d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.						
				Prior Year	Current Year						
ne		Contributions and grants (Part VIII, line 1h)		848,278.	1,094,459.						
Revenue		Program service revenue (Part VIII, line 2g)		5,301,595.	7,605,056.						
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,002. 664.	32,665. 433.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,151,539.	8,732,613.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,487.	20,592.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		3,728,791.	3,925,401.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
pen		Total fundraising expenses (Part IX, column (A), line 25)	0.								
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,935,353.	2,349,601.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,678,631.	6,295,594.						
		Revenue less expenses. Subtract line 18 from line 12		472,908.	2,437,019.						
or				ginning of Current Year	End of Year						
Net Assets or -und Balances	20 -	Total assets (Part X, line 16)		3,379,631.	5,904,004.						
t Ast d B		Total liabilities (Part X, line 26)		236,702.	241,884.						
Fun		Net assets or fund balances. Subtract line 21 from line 20		3,142,929.	5,662,120.						
Pa		Signature Block									
Und	ar nonal	tion of parium. I deplote that I have avaning this return including accompanying achedula	a and atatam	ante and to the best of m	knowledge and belief it is						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
Here	BRAD STEFFANI, PRESIDE	NT/CEO									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN								
Paid	JENNIFER HILLIARD		09/13/22 ^{if} self-employed P01953999								
Preparer	Firm's name 🕒 HADDOX REID EUBA	NK BETTS PLLC	Firm's EIN 🕨 64-0414329								
Use Only	Firm's address 1020 HIGHLAND CC	LONY PKWY, SUITE 60	0								
	RIDGELAND, MS 39	157	Phone no. (601) 948-2924								
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

	GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410 Page 2
Pa	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE ORGANIZATION ASSISTS PEOPLE WITH DISABILITIES AND OTHER BARRIERS
	TO OBTAIN EMPLOYMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
5	If "Yes," describe these changes on Schedule O.
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 \$ 4,231,827. including grants of \$ 20,592.) (Revenue \$ 6,812,022.)
	STORES AND CONTRIBUTED GOODS PRODUCTION: THIS IS AN ONGOING EMPLOYMENT PROGRAM THAT SERVES INDIVIDUALS WHO FACE BARRIERS TO EMPLOYMENT. IT
	PROGRAM THAT SERVES INDIVIDUALS WHO FACE BARRIERS TO EMPLOYMENT. IT PROVIDES WORK EXPERIENCE, TRAINING, AND EARNING WHILE LEARNING. THE
	TOTAL NUMBER OF EMPLOYEES DURING THE 2021 YEAR WAS 307.
4b	(Code:)(Expenses \$ 526,980. including grants of \$)(Revenue \$ 793,034.)
15	REHABILITATION: THIS IS AN ONGOING PROGRAM THAT SERVICED 93 INDIVIDUALS
	WHO FACED BARRIERS TO EMPLOYMENT IN 2021. IT ALSO SUPPORTED
	INDIVIDUALS THROUGH FINANCIAL PLANNING, OTHER EDUCATION SERVICES, AND
	ACTUAL WORK EXPERIENCE.
4c	(Code:) (Expenses \$ 225,419. including grants of \$) (Revenue \$) (Revenue \$)
	COMPUTER WORKSHOP TO PROVIDE TRAINING TO EMPLOYEES, CLIENTS, AND THE PUBLIC.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses A , 984 , 226 .
	Form 990 (2021)
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Form 990 (2021) GOODWILL INDUSTRIES OF MISSISSIPPI, INC. Part IV Checklist of Required Schedules

64-0362410	Page 3
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			Vaa	No
-	Is the exception described in section $E(1/c)/(2)$ or $40.47/c)/(1)$ (other then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
•	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<u>л</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
10				X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		14a		- 23
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 41-		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	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
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GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410
 Form 990 (2021)
 GOODWILL
 INDUSTRIE

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		_ <u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
c		2-10		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		- 23
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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	33		Х
34	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	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_ A
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
30		38	x	
Pa		- 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b		1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990 (2021)	GOODWILL	INDUSTRIES	OF 1	MISSISSIPPI,	INC.	64-0362410	Page 5
Part V Statements	Regarding Othe	er IRS Filings and	d Tax (Compliance (continue	ed)		

					Yes	N
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		207			
	filed for the calendar year ending with or within the year covered by this return	2a	307			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	X	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					Ι.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		╞
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		. ,			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		╞
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		╞
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		╞
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		╞
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		Ĺ
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Γ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		Γ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f		T
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		t
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		t
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					t
	sponsoring organization have excess business holdings at any time during the year?	-		8		E
	Sponsoring organizations maintaining donor advised funds.					t
				9a		T
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		t
	Section 501(c)(7) organizations. Enter:					t
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		•		
	Section 501(c)(12) organizations. Enter:	100				
		11a				L
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114		•		
		11b				
0-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ן ז	10-		Ľ
			ſ	12a		┢
D	,	12b				
						╀
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		┢
3 a	Is the organization licensed to issue qualified health plans in more than one state?			13a		1
3 a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
3 a b	Is the organization licensed to issue qualified health plans in more than one state?	1		13a		
3 a b	Is the organization licensed to issue qualified health plans in more than one state?	13b		<u>13a</u>		
3 a b c	Is the organization licensed to issue qualified health plans in more than one state?	1				
3 a b c 4a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13b 13c		14a		
3 b c 4a b	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	13b 13c /e O				
3 b c 4a 5	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c le O eration	or	14a 14b		
3 b c 4a 5	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c le O eration	or	14a		
3 b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13b 13c le O eration	or	14a 14b 15		
3 a b c 44a b 5 5	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	13b 13c le O eration	or	14a 14b		
3 a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O.	13b 13c le O eration	or	14a 14b 15		
13 a b c 14a b 15 16	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c le O eration nt inco	or me?	14a 14b 15 16		
3 a b c 4a b 5 6	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmer If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	13b 13c le O eration nt inco	or me?	14a 14b 15		
3 a b c 4a b 5	Is the organization licensed to issue qualified health plans in more than one state?	13b 13c le O eration nt inco	or me?	14a 14b 15 16 17	990	

Form 990	(2021)
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GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410

Page 6

X

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.

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

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		Yes	;
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
-	officer, director, trustee, or key employee?	•		2		ī
3	Did the organization delegate control over management duties customarily performed by or under					-
-	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Forn		r	4		-
5	Did the organization become aware during the year of a significant diversion of the organization's a		r	5		-
6	Did the organization have members or stockholders?			6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?	appoint one or		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, o	r			
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the			7b		-
		-	-	0-	x	1
	The governing body?			8a 8b	X	_
	Each committee with authority to act on behalf of the governing body?			uo	- 23	-
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			5		-
					Yes	_
l0a	Did the organization have local chapters, branches, or affiliates?]	10a		-
	If "Yes," did the organization have written policies and procedures governing the activities of such					-
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing be		r	11a	Х	-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 3				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give right			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and appro	oval by independe	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	า?				
а	The organization's CEO, Executive Director, or top management official			15a		
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	gement with a				
	taxable entity during the year?			16a		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	• •	ion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org					
	exempt status with respect to such arrangements?			16b		_
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MS		501/ \/2			.,,
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	, and 990-1" (secti	on 501(c)(3):	sonly) avai	Ili
	for public inspection. Indicate how you made these available. Check all that apply.	in on Cohe-late	ור			
0		ain on Schedule C	,	d fire a -		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	connict of interes	st policy, and	i inal	icial	
	statements available to the public during the tax year.	booko ond waar				
0	State the name, address, and telephone number of the person who possesses the organization's I	DOOKS and record	is 🕨			-
20	'''HE URGANIZA''''UN - COULI ADDEAL'''					_
20	THE ORGANIZATION - (601) 853-8110 104 EAST STATE STREET, RIDGELAND, MS 39157					

GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410

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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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week			uau		1/		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	ler	,		organizations
	line)	Indiv	In stit	Officer	Keye	Highest compensated employee	Former			
(1) DAVID HOLLINGSWORTH	40.00									
PRESIDENT/CEO END DATE 9/17/21				Х				131,490.	0.	12,500.
(2) BRAD STEFFANI	40.00									
PRESIDENT/CEO BEGIN DATE 9/20/21				Х				46,800.	0.	0.
(3) RICKI GARRETT	0.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(4) JANA NICOLS	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(5) SHANNON HILLMAN	0.50									
SECRETARY		Х		Х				0.	0.	0.
(6) SPENCE FLETCHER	0.50								_	_
TREASURER		Х		Х				0.	0.	0.
(7) DAVID HENRY	0.50									
PAST BOARD CHAIR		Х		Х				0.	0.	0.
(8) FREMEL BACKUS	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) MARY HELEN BOWEN	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(10) JACOB A. BRADLEY	0.50									
DIRECTOR		X						0.	0.	0.
(11) EVELYN A. EDWARDS	0.50									
DIRECTOR		X						0.	0.	0.
(12) RENAE HARRELL	0.50									
DIRECTOR		X						0.	0.	0.
(13) JANET JONES	0.50									
DIRECTOR		X						0.	0.	0.
(14) DEANNE MOSLEY	0.50									
DIRECTOR		Х						0.	0.	0.
(15) MELISSA NEYLAND	0.50									
DIRECTOR		Х						0.	0.	0.
(16) BROOKE PLUMMER	0.50									
DIRECTOR		X						0.	0.	0.
(17) GREG ROSS	0.50								•	•
DIRECTOR		Х						0.	0.	0.
132007 12-09-21						~				Form 990 (2021)

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2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

		INDUST	RII	ΞS	O	7 1	MIS	SS	ISSIPPI, INC	. 64-0	362	410	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (C				(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable			stimate	
		hours per week					is bot pr/trus		compensation from	compensation from related			nount other	of
		(list any	tor						the	organization			pensa	tion
		hours for	direc				pa		organization	(W-2/1099-MI			om th	
		related	tee or	trustee			ensat		(W-2/1099-MISC/	1099-NEC)	org	anizat	ion
		organizations	al trus	nal tr		loyee	e e		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional t	Officer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons
(10)	LESLIE SORRELL	0.50	Ĕ	ŝ	0ff	Key	en (E	Fо						
DIRE		0.30	x						0.		0.			0.
	SHERRY STEGALL	0.50							.		••			<u> </u>
DIRE			x						0.		0.			0.
	TOM TROXLER	0.50												
DIRE			x						0.		0.			Ο.
(21)	STEVE WAITE	0.50									-			-
DIRE	CTOR		x						0.		0.			0.
			1											
									170 200		0	1	<u> </u>	00
	Subtotal								178,290.		0.		2,5	$\frac{00}{0}$
	Total from continuation sheets to Part VI								178,290.		0.	1	2,5	
-	Total (add lines 1b and 1c)										• •		<u>,</u> , , ,	00.
2	Total number of individuals (including but n compensation from the organization	lot limited to th	iose	liste	ed ar	DOVe	e) wr	10 r	eceived more than \$100	,000 of reportab	ne			1
													Yes	No
3	Did the organization list any former officer,	director trust	ee l	(ev e	empl	love	e or	hic	hest compensated emi	olovee on				
Ū	line 1a? If "Yes," complete Schedule J for s	-		-	•	-		Ŭ		-		3		Х
4	For any individual listed on line 1a, is the su											-		
	and related organizations greater than \$150	-		-					-	-		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	eJ1	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)	oddroop	3.7/	` N T T	-				(B))		~
	Name and business	address	N	ONE	5			_	Description of s	services		ompe	nsatio	r 1
								-						
								╡						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organi	zation 🕨				(0							
												Form	990 (2	2021)

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Form	ı 99	0 (;			L IND	USTRIES	OF M	IISSISSI	PPI, INC.	64-0362	410 Page 9
Pa	rt \	/	Statement of Re	evenue							
			Check if Schedule O	contains	a respons	e or note to any	[,] line in t	his Part VIII	(D)	(A)	
							Tc	(A) otal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		. 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
Am (с	Fundraising events		1c						
Gifi İlar		d	Related organizations		. 1d						
Sini,			Government grants (contr			950,047	<u>' - </u>				
er S		f	All other contributions, gifts,			1 4 4 4 4 4 4					
l d b			similar amounts not included			144,412	•				
non Da		-	Noncash contributions included in					04 450			
<u>a O</u>		h	Total. Add lines 1a-1f					94,459.			
	~	_	STORE SALES			Business Coo		12 022	6,812,022.		
Program Service Revenue	2	a b	REHABILITATIC	T NO	ES	624310		93,034.			
Ser		c	<u></u>	/// 11			<u> </u>	5570510	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
evel evel		d				·					
ogr		e				·					
Pres 1		f	All other program service	revenue		-					
		g	Total. Add lines 2a-2f				7,6	05,056.			
	3		Investment income (inclue								
			other similar amounts)			🕨	•	24,696.			24,696.
	4		Income from investment of	of tax-exe	empt bond	l proceeds	•				
	5		Royalties				•				
					(i) Real	(ii) Persona					
	6		Gross rents	6a		_	_				
			Less: rental expenses	6b			_				
			Rental income or (loss)	6c							
	7		Net rental income or (loss Gross amount from sales of		Securities	ii) Other	•				
	'	а	assets other than inventory	7a	Occurries	289,250					
		h	Less: cost or other basis	14		2057250	-				
e		~	and sales expenses	7b		281,281					
evenue		с	Gain or (loss)	7c		7,969					
Re			Net gain or (loss)				•	7,969.			7,969.
Other R	8		Gross income from fundraisi								
₹			including \$		of						
			contributions reported on	line 1c).	See						
			Part IV, line 18		<u></u> ٤	a	_				
			Less: direct expenses		····· L	Bb					
			Net income or (loss) from			<u> </u>	•				
	9	а	Gross income from gamin	-							
		Ŀ	Part IV, line 19			la Ib	-				
			Less: direct expenses								
	10		Gross sales of inventory,			P					
	10	a	and allowances			Da					
		b	Less: cost of goods sold			0b					
			Net income or (loss) from		·····		•				
s			· · · · · · · · · · · · · · · · · · ·			Business Coo	le				
Miscellaneous Revenue	11	а	VENDING SALES	3		900099		433.			433.
enu		b									
Sed Sed		с				.					
Mis			All other revenue				_	100			
			Total. Add lines 11a-11d					433.		0	22 000
	12		Total revenue. See instruction	UNS			► 0, /	JZ,013.	7,605,056.	0.	33,098. Form 990 (2021
13200	9 12	2-09	-21								FOTTH 33U (202

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2021.04030 GOODWILL INDUSTRIES OF MISS 03199__1

64-0362410 Page 10 GOODWILL INDUSTRIES OF MISSISSIPPI, INC. Form 990 (2021) 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 of include amounts reported on lines 6b.	se or note to any line in	this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	20,592.	20,592.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	187,873.		187,873.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,254,320.	2,667,436.	586,884.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	237,280.	203,974.	33,306.	
10	Payroll taxes	245,928.	196,922.	49,006.	
11	Fees for services (nonemployees):				
	Management				
		35,300.		35,300.	
	Accounting Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,595.		12,595.	
g					
	column (A), amount, list line 11g expenses on Sch 0.)	136,092.	7,485.	128,607.	
12	Advertising and promotion	12,924.		12,924.	
13	Office expenses	129,534. 78,911.	51,576. 32,934.	77,958. 45,977.	
14	Information technology	/8,911.	32,934.	45,977.	
15	Royalties	1,132,452.	1,100,398.	32,054.	
16 17	Occupancy Travel	1,152,452.	1,100,390.	52,0540	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	113,652.	49,938.	63,714.	
20	Interest				
21	Payments to affiliates		140 510	2 201	
22	Depreciation, depletion, and amortization	145,794. 69,212.	142,510. 63,491.	3,284. 5,721.	
23 24	Insurance Other expenses. Itemize expenses not covered	09,212.	05,491.	5,721.	
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	WASTE DISPOSAL	209,310.	207,473.	1,837.	
b	CREDIT CARD FEES	95,614.	95,404.	210.	
С	MEMBERSHIP	80,044.	78,198.	1,846.	
d	REPAIRS AND MAINTENANCE	57,539. 40,628.	47,596. 18,299.	9,943. 22,329.	
	All other expenses	6,295,594.	4,984,226.	1,311,368.	0
25 26	Joint costs. Complete this line only if the organization	5,25,554.	+,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	0
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21		11		Form 990 (202

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11 2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

12250913 756205 03199

Pledges and grants receivable, net 3 3 146,286. 149,048. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets 7 1 8 Inventories for sale or use 8 86,666. 95,489. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 2,031,960. basis. Complete Part VI of Schedule D 10a 1,318,080. 1,035,340. 713,880. b Less: accumulated depreciation 10b 10c 759,942. 1,475,888. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,379,631. 5,904,004. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 236,702. 241,884. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 236,702. 241,884. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,142,929. 5,662,120. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,142,929. 5,662,120. Total net assets or fund balances 32 32 3,379,631. 5,904,004. 33 33 Total liabilities and net assets/fund balances ...

GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410 Page 11

(A)

Beginning of year

1,034,889.

316,507.

1

2

(B)

End of year 3,124,903.

344,795.

Form **990** (2021)

Form 990 (2021)

1

2

Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

Form	GOODWILL INDUSTRIES OF MISSISSIPPI, INC.	64-0	362410	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1	8,732		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,295		
	Revenue less expenses. Subtract line 2 from line 1	3	2,437		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,142		
	Net unrealized gains (losses) on investments	5	82	2,1	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,662	2,1	20.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. Go to www.irs

s.gov/Form990 for	instructions	and the lates	st information.	

	ZUZ I				
	Open to Public Inspection				
Employer identification number					

OMB No. 1545-0047

Name of the organiza	tion					Employer identification num
		INDUSTRIES				64-0362410
Part I Reason	for Public Charity	Status. (All organiz	ations n	nust complete this pa	rt.) See instructio	ons.
The organization is not	a private foundation be	cause it is: (For lines 1	through	n 12, check only one l	oox.)	
1 🗌 A church, c	onvention of churches, o	or association of churc	hes des	scribed in section 170)(b)(1)(A)(i).	
2 🗌 A school de	scribed in section 170()(1)(A)(ii). (Attach Sch	edule E	(Form 990).)		
3 A hospital o	r a cooperative hospital	service organization d	escribed	d in section 170(b)(1))(A)(iii).	
4 A medical re	search organization op	erated in conjunction v	/ith a ho	ospital described in s e	ection 170(b)(1)(A)(iii). Enter the hospital's name,
city, and sta	te:					
5 🗌 An organiza	tion operated for the be	nefit of a college or un	versity	owned or operated by	y a governmenta	l unit described in
section 17)(b)(1)(A)(iv). (Complete	Part II.)				
6 A federal, st	ate, or local governmen	t or governmental unit	describ	ed in section 170(b)(1)(A)(v).	

7 [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.)

X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

	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	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). 11

12	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.

а	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.

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, an	nd functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D), and E.

J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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.

e	Check this box if the organization received a written determination from the IRS that it is a Type I, 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 organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
Total							

Schedule A (Form 990) 2021 Part II Support Sche

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.64-0362410 Page 2

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	107,619.	133,515.	148,951.	848,278.	1,094,459.	2,332,822.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	107,619.	133,515.	148,951.	848,278.	1,094,459.	2,332,822.	
	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	Public support. Subtract line 5 from line 4.						2,332,822.	
	ction B. Total Support						_, _, _,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 4	107,619.	(b) 2018 133,515.	148,951.	848,278.	1,094,459.	2,332,822.	
	Gross income from interest,							
U	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	653.	725.	918.	18,235.	24,696.	45,227.	
٥	Net income from unrelated business	0000	/231	5100	1072001	21/0501	1372274	
9								
	activities, whether or not the							
10	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	1,068.	834.	996.	664.	433.	3,995.	
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	1,000.	0340	550.	0040		2,382,044.	
	Gross receipts from related activities,	oto (coo instructi	200			12 30	,324,560.	
	First 5 years. If the Form 990 is for th	•	,	found by or fifth toy			,521,500.	
13			rst, second, triird,	iourti, or intri tax	year as a section :	501(0)(3)		
500	organization, check this box and stop ction C. Computation of Publ		rcontago					
	Public support percentage for 2021 (I		-	oolump (f))		14	97.93 %	
	Public support percentage from 2020					15	96.12 %	
	33 1/3% support test - 2021. If the c						, -	
104	stop here. The organization qualifies						► X	
h	33 1/3% support test - 2020. If the c							
L L								
47-	and stop here. The organization qual							
1/8	10% -facts-and-circumstances tes							
	and if the organization meets the fact			-	-	-		
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
b							IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circl							
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 160, 1/a, or 17t	o, check this box a		S ▶	

Schedule A (Form 990) 2021

132022 01-04-22

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.64-0362410 Page 3 Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)) ▶ (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
include any "unusual grants.") \dots						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that 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						
5 The value of services or facilities						
furnished by a governmental unit	to					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified perso						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6. Section B. Total Support	.)					
Calendar year (or fiscal year beginning in)) ► (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included on line 10b whether or not the business is regularly carried on	ess					
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 1						
14 First 5 years. If the Form 990 is for	or the organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
						>
Section C. Computation of Po		•				
15 Public support percentage for 202			column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of In	vestment Incom	e Percentage)			
17 Investment income percentage for			line 13, column (f))			%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2021. If						ie 17 is not
more than 33 1/3%, check this bo						▶∟
b 33 1/3% support tests - 2020. If						
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz	ation did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
132023 01-04-22			16		Schedul	e A (Form 990) 2021

12250913 756205 03199

2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

17

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Schedule A (Form 990) 2021 GOODWILL INDUSTRIES OF MISSISSIPPI, INC.64-0362410 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	·		

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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.

2 Did the organization operate for the benefit of any supported organization other than the supported 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, supervised, or controlled the supporting organization.

Section C.	туре п э	upporting	Organizations	
-				

 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 the supported organization(s).
 1
 1
 1
 1

Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **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 (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

No

Yes

Yes

1

2

No

18

12250913 756205 03199

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Schedule A (Form 990) 2021

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.64-0362410 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 L Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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			
(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 amou	nt,		
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			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fun	ctionally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.64-0362410 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
-	Breakdown of line 7: Excess from 2017				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
-					
e	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

	(Form 990) 2021					NC.64-0362410	Pa
Part VI	Supplemental	Information. Provid	de the explanations re	equired by Part II, I	line 10; Part II, line 1	7a or 17b; Part III, line 12;	- C
	line 1: Part IV, Section A,	lines 1, 2, 3b, 3c, 4b, 4 tion D. lines 2 and 3: Pa	c, 5a, 6, 9a, 9b, 9c, 1 art IV. Section E. lines	1a, 11b, and 11c; 1c. 2a. 2b. 3a. and	d 3b: Part V, Section B, III	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; Pa	n C, art V.
	Section D, lines 5, 6	6, and 8; and Part V, S	ection E, lines 2, 5, ar	d 6. Also complete	e this part for any ad	Iditional information.	
	(See instructions.)						
2028 01-04-2	2			21		Schedule A (Form 9	990)
50010	756205 021	100	2021 04020	21 00001/1111		0 OF MT00 0210	
0913	756205 031	199	2021.04030	GOODWILL	INDUSTRIE	S OF MISS 0319	19_

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2021

Employer identification number

GOODWILL	INDUSTRIES	OF	MISSISSIPPI,	INC.	64-0362410
Organization type (check 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
	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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

64-0362410

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERTRUDE FORD FOUNDATION 199 CHARMANT PLACE SUITE 2 RIDGELAND, MS 39157	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SBA PPP LOAN PROCEEDS 409 3RD STREET, SW WASHINGTON, DC 20416	\$ <u>701,908.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY 1235 ECHELON PKWY JACKSON, MS 39213	\$248,139.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Ocomplete Part II for noncash contributions.) Schedule B (Form 990) (2021)
120702 11-1			Conecule D (FOITH 330) (2021)

12250913 756205 03199

23 2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

(a) No. from Part I	(b) Description of noncash property given	(c) 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) 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
		\$	
23453 11-11-21	24 6205 03199 2021.04030 GOO	DWILL INDUSTRIES OF	Schedule B (Form 990) (202

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II

Page 3

Employer identification number

64 - 0362410

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Schedule	B (Form 990) (2021)			Page 4	
Name of o	organization		Employer identification nu	mber	
	ILL INDUSTRIES OF MISS	ISSIPPI, INC.	64-0362410		
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	(a) through (e) and the following line e s, charitable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.) \$\$	the yea	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(c) coc of gift			
		(e) Transfer of g			
	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		
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	gut 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 g			
	Transferee's name, address,		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		
	Transferee's name, address,	(e) Transfer of g and ZIP + 4	er of gift Relationship of transferor to transferee		
123454 11-1	1-21	25	Schedule B (Form 990) (2021)	

12250913 756205 03199 2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

GOODWILL INDUSTRIES OF MISSISSIPPI TNC.

Employer identification number 64 - 0.362410

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		·
		(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	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting.	, handling of violations, and enforcing conserva	ation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	easements during the year
8	\$	v_{2} satisfy the requirements of section $170/h/4$	
0		• • • • • • • • • •	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
3	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Par		of Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9		palance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina	, ,	•
b	If the organization elected, as permitted under FASB ASC 99		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021
13205	10-28-21		

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		L INDUSTRI) Page 2
Pai	t III Organizations Maintaining C								ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	it make si	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	C			change progra					
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ise in Par	t XIII.	
5	During the year, did the organization solicit of								٦	<u> </u>
De	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	· · ·					4 4	la a bi al a al			
та	Is the organization an agent, trustee, custoo								7.	
	on Form 990, Part X?							L	Yes	└── No
a	If "Yes," explain the arrangement in Part XIII	and complete the to	bilowing	table:					Amount	
_	De sincipar la classica								Amount	
	Beginning balance									
	Additions during the year									
e	Distributions during the year						. <u>1e</u> 1f			
20	Ending balance Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Pa										
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	vears back
1a	Beginning of year balance		,	,		`	., ,		()	<u> </u>
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		ce (line 1	a. column (a)) held as:					
a	Board designated or quasi-endowment		%	9, 00101111 (a,) a					
	Permanent endowment	%								
		%								
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.								
3a	Are there endowment funds not in the posse		ation that	at are held a	and administe	ered for th	ne organiz	ation		
	by:	C C					U		Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	ment)		(other)	dep	reciation			
1a	Land				50,561.),561.
	Buildings				51,341.		343,36			7,975.
	Leasehold improvements				31,311.	2	296,88			1,430.
d	Equipment				53,002.		48,68			1,314.
	Other				5,745.	6	529,14	15.		5,600.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line i	10c.)				713	3,880.

Schedule D (Form 990) 2021

132052 10-28-21

	DUSTRIES OF	MISSISSIPPI, INC.	. 64-0362410 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000, Dort IV, lin	o 11b Soo Form 000 Dart V line	10
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
 (1) Financial derivatives (2) Closely held equity interests 			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)(9)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	' on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line	9 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4 =)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part X Other Liabilities. Complete if the organization answered "Yes'	on Form 000 Doct IV	0 110 or 11f Cao Earm 000 Dat	X line 25
(a) Description of lightlifts	on Form 990, Part IV, III	e 11e of 111. See Form 990, Part	(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25.)		
2. Liability for uncertain tax positions. In Part XIII, provid			•
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check	here if the text of the footnote ha	as been provided in Part XIII 🗴

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 GOODWILL INDUSTRIES OF MIS	SISSIPPI	, INC.	64-	0362410 Page	je 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per R	etur	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				
1	Total revenue, gains, and other support per audited financial statements			1	8,802,190	0.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	82,172.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	82,172	
3	Subtract line 2e from line 1			3	8,720,018	8.
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	12,595.			
с	Add lines 4a and 4b			4c	12,595	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				8,732,613	3.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nonte With Fr	nonsos nor	Doti	rn	
			penses per	neu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		penses per	neiu		
1		1.		1	6,282,999	9.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.				9.
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	l				9.
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 				9.
2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b				9.
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c			6,282,999	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	· · ·		6,282,999	0.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	· · ·	1	6,282,999	0.
2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	· · ·	1 2e	6,282,999	0.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		1 2e	6,282,999	0.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	· · ·	1 2e	6,282,999 (6,282,999	<u>0.</u> 9.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	12,595.	1 2e	6,282,999	<u>0.</u> 9.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	12,595.	1 2e 3	6,282,999 (6,282,999	<u>0.</u> 9.

Provide 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 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

NOTE	1:	ACCOUNTING	STANDARDS	REQUIRE	THE	RECOGNITION	AND	MEASUREMENT	OF
------	----	------------	-----------	---------	-----	-------------	-----	-------------	----

UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN BY GOODWILL IN

INCOME TAX ISSUES. GOODWILL HAS EVALUATED ITS TAX POSITIONS AND

DETERMINED THAT IT DOES NOT HAVE ANY LIABILITY THAT SHOULD BE ACCRUED

UNDER THE STANDARDS RELATED TO UNCERTAIN TAX POSITIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES

132054 10-28-21

12250913 756205 03199

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	GOODWILL 3	INDUSTRIES	OF	MISSISSIPPI,	INC.64-0362410	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental In	formation (continued)	1				0
					Schedule D (Form 9	90) 202
132055 10-28-21			2.2			
	• • • •		30			

12250913 756205 03199 2021.04030 GOODWILL INDUSTRIES OF MISS 03199_1

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047	
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								Open to Public Inspection	
	he organization GOOD	WILL INDUS	TRIES	OF MISSIS	SIPPI, IN	с.			Employer identification number $64 - 0362410$
Part I	General Information on	Grants and Assist	ance						
crite	s the organization maintair eria used to award the gran	ts or assistance?		-					
-	cribe in Part IV the organiz								
Part II	Grants and Other Assis recipient that received m						anization answered "	es" on Form 990, Par	t IV, line 21, for any
1 (a) I	Name and address of organ or government	nization (b) E	IN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Ente	er total number of section 5	01(c)(3) and govern	ment orga	anizations listed in th	I le line 1 table			I	
	er total number of other or								······································
	r Paperwork Reduction A								Schedule I (Form 990) 2021

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance 0.FMV ASSISTANCE FOR COLLEGE TUITION AND SUPPLIES 20,592.

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

PART I, LINE 2:

Part III

GOODWILL SCHOLARSHIP OPPORTUNITIES AND PROCEDURES

IT IS THE INTENTION OF GOODWILL INDUSTRIES OF MISSISSIPPI, INC. TO ASSIST

THOSE WHO WISH TO FURTHER THEIR EDUCATION THROUGH FINANCIAL AID WHEN

GOODWILL FUNDS ARE AVAILABLE. THE INDIVIDUAL MUST APPLY FOR GOODWILL

ASSISTANCE IN ORDER TO ACHIEVE THEIR FUTURE EMPLOYMENT GOAL 3 WEEKS IN

ADVANCE OF WHEN FUNDS ARE DUE TO THE COLLEGE EACH SEMESTER AND HAVE

COMPLETED THEIR 90-DAY PROBATIONARY PERIOD. THE INDIVIDUAL MUST HAVE GOOD

Page 2

GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410 Page 2 Schedule I (Form 990) Part IV Supplemental Information WORK ATTENDANCE, NO DISCIPLINARY PROBLEMS RECORDED, AND HAVE A HIGH SCHOOL OR GENERAL EDUCATION DIPLOMA. CLASSES MUST BE TAKEN AT TIMES THAT WILL NOT INTERFERE WITH WORK HOURS. FUNDING MAY INCLUDE TUITION FOR ONE OR MORE COURSES AND SUPPLIES NEEDED FOR THE COURSE(S). THE INDIVIDUAL MUST PROVIDE INFORMATION TO HUMAN RESOURCES FROM THE COLLEGE AS TO THE COST OF TUITION, BOOKS, ETC. THE INFORMATION MUST BE WRITTEN ON THE COLLEGE LETTERHEAD AND SHOULD EASILY BE OBTAINED FROM THE COLLEGE ADMINISTRATION OFFICE OR COLLEGE COUNSELOR. ONCE INFORMATION IS OBTAINED FROM THE COLLEGE IT WILL BE CONSIDERED BY HUMAN RESOURCES AND A DETERMINATION WILL BE MADE AS TO WHAT FUNDING GOODWILL MAY BE ABLE TO PROVIDE. IT WILL BE ESSENTIAL FOR THOSE RECEIVING GOODWILL FUNDING TO MAINTAIN A MINIMUM OF A (C) AVERAGE IN ORDER FOR FUNDING TO BE CONTINUED. A PRINT OUT OF THE STUDENT'S GRADES MUST BE SUBMITTED TO HUMAN RESOURCES EACH SEMESTER. FAILURE TO DO SO WILL RESULT IN LOSS OF FUTURE FUNDING. IF A STUDENT DROPS CLASSES, THE HUMAN RESOURCES MUST BE INFORMED IMMEDIATELY. DROPPED CLASSES COULD RESULT IN LESS FINANCIAL AID FROM GOODWILL WHEN THE NEXT TUITION REQUEST IS MADE.

FUNDING FOR A GOODWILL INDUSTRIES EMPLOYEE WILL BE ISSUED UP TO A MAXIMUM OF \$1,500.00 A SEMESTER PROVIDED FUNDS ARE AVAILABLE. ALL FUNDS ISSUED WILL BE MAILED TO THE REGISTRAR'S OFFICE AT THE COLLEGE OF CHOICE. NO FUNDING WILL BE ISSUED TO THE APPLICANT.

132291 04-01-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

L **Open to Public**

	Inspection
mployer	identification num

Name	e of the organization				Emp	loyer ident			
		USTRIE	S OF MISS	ISSIPPI, INC.		64-0	362	410	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	nonca	(d) ethod of de Ish contribu		•	s
1	Art - Works of art				_				
2	Art - Historical treasures								
3	Art - Fractional interests						~		
4	Books and publications	X			ACTUA				
5	Clothing and household goods	Х		0	•ACTUA	L SALE	S		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution - Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18									
10 19	Collectibles								
20	Food inventory Drugs and medical supplies								
20 21									
21	Taxidermy								
22 23	Historical artifacts								
23 24	Scientific specimens Archeological artifacts								
25 26									
26 27									
27 28	Other ▶ () Other ▶ ()								
<u>20</u> 29	Number of Forms 8283 received by the organiz	zation durin	l a tha tay year for a	ontributions					
29	for which the organization completed Form 828								
	for which the organization completed Form 620	55, Fart V, L	Jonee Acknowledg	29				Vac	No
20-	During the year, did the organization receive by	(contributio		antad in Dart L linea 1 thre	uch 00 that	:+		Yes	No
30a	must hold for at least three years from the date					it.			
	exempt purposes for the entire holding period?						30a		x
h	If "Yes," describe the arrangement in Part II.	•					004		
31	Does the organization have a gift acceptance	onlicy that re	equires the review	of any nonstandard contri	outions?		31		x
	Does the organization have a gift acceptance p Does the organization hire or use third parties						51		<u> </u>
JZa			-				32a		x
h	If "Yes," describe in Part II.						JZd		
33	If the organization didn't report an amount in c	olump (c) fo	r a type of proport	v for which column (a) is of	ackad				
00	describe in Part II.			y for writen column (a) IS CI					
									1

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

Schedule M (Form 990) 2021

132141 11-17-21

12250913 756205 03199

Schedule M (Form 990) 2021 GOODWILL INDUSTRIES OF MISSISSIPPI, INC. 64-0362410 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 33:

GOODWILL INDUSTRIES OF MISSISSIPPI, INC. OPERATES RETAIL STORES TO HELP

FULFILL ITS MISSION OF PROVIDING JOB TRAINING. THE REVENUES FROM THE

SALE OF DONATED HOUSEHOLD ITEMS ARE REPORTED UNDER PROGRAM SERVICE

REVENUE.

Schedule M (Form 990) 2021

132142 11-17-21

12250913 756205 03199

SCHEDULE O (Form 990)

Name of the organization

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.



GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

64-0362410

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRESIDENT PROVIDES THE BOARD OF DIRECTORS A COPY OF THE TAX RETURN AT

THEIR REGULAR MEETING.

12250913 756205 03199

FORM 990, PART VI, SECTION B, LINE 12C:

EACH EMPLOYEE / DIRECTOR IS GIVEN ACCESS TO THE CONFLICTS OF INTEREST POLICIES AND IS REQUIRED TO DISCLOSE POTENTIAL CONFLICTS TO THE DESIGNATED THERE IS A CONFLICT OF INTEREST POLICY FOR EMPLOYEES PARTY. CLIENTS OF / THE COMPANY IN WHICH MATTERS SHOULD BE REPORTED TO THE HUMAN RESOURCES THERE IS ALSO A CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS DEPARTMENT. WHERE CONFLICTS / POSSIBLE CONFLICTS SHOULD BE DISCLOSED TO OTHER MEMBERS ANY BOARD MEMBER WITH A POSSIBLE CONFLICT SHOULD NOT VOTE OR OF THE BOARD. USE PERSONAL INFLUENCE ON SUCH MATTERS AND WILL NOT BE COUNTED IN DETERMINING THE MEETING QUORUM. THE MINUTES OF THE MEETING SHOULD REFLECT THIS DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE OFFICER AND KEY EMPLOYEE COMPENSATION COMPARABILITY DATA COMES FROM GOODWILL INTERNATIONAL'S EXECUTIVE COMPENSATION STUDY AND INDUSTRY COMPENSATION STUDY AS PRESENTED BY MERCER MANAGEMENT. EACH YEAR IN JANUARY, THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE PRESIDENT/CEO AND/OR OTHER NAMED EXECUTIVE OFFICER(S) WITHIN THE GUIDELINES SET FORTH BY THE HUMAN RESOURCES COMMITTEE.

 HIS OR HER PERFORMANCE IS EVALUATED BY THE EXECUTIVE COMMITTEE WITHIN THE

 GUIDELINES AS SET FORTH BY THE HUMAN RESOURCES COMMITTEE.
 THIS EVALUATION

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 36

2021.04030 GOODWILL INDUSTRIES OF MISS 03199 1

Schedule O (Form 990) 2021			Page 2
Name of the organization GOODWILL INDUSTRIES	5 OF MISSISSIPPI	, INC.	Employer identification number $64 - 0362410$
SHALL BE THE SOLE RESPONSIBILITY	OF THE EXECUTIV	E COMMITI	'EE.
FORM 990, PART VI, SECTION C, LIN	NE 19:		
THE ORGANIZATION MAKES ITS GOVERN	NING DOCUMENTS A	ND FINANC	CIAL STATEMENTS
AVAILABLE UPON REQUEST.			
FORM 990, PART XII, LINE 2C:			
THE ORGANIZATION'S AUDIT COMMITTE	EE ASSUMES RESPO	NSIBILITY	FOR THE
DIRECT OVERSIGHT OF THE AUDIT OF	ITS FINANCIAL S	TATEMENTS	S AND SELECTION
OF AN INDEPENDENT ACCOUNTANT, ANI	D RECOMMENDS ACT	ION TO TH	IE FULL BOARD

OF DIRECTORS.

SCH	IEDULE R
-	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

Employer identification number 64 - 0362410

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GOODWILL INDUSTRIES VOLUNTEER SERVICES OF							
MISSISSIPPI - 64-0638009, 661 SUNNYBROOK							
ROAD NO. 100, RIDGELAND, MS 39157	SUPPORTING ORGANIZATION	MISSISSIPPI	501(C)(3)	LINE 12	N/A		X

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

Schedule R (Form 990) 2021

64-0362410 Page 2

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	Predomin	(e) nant income	Share	(f) e of total		g) ire of		ר)	(i) Code V-UE	N Ge	(j) eneral or	(k Percei
of related organization		(state or foreign	entity	(related, excluded fr	, unrelated, rom tax under s 512-514)	inc	come	end-	of-year sets	alloca		amount in b 20 of Sched	ox ^{ma} ule ^{pa}	anaging artner?	owne
		country)		Sections	5 5 12-5 14)					Yes	No	K-1 (Form 10	65) Ye	es No	
	-														
	-														
	-														
	-														
	_														
	-														
t IV Identification of Related C organizations treated as a c	rganizations Taxable corporation or trust duri	as a Corpo	oration or Trust. C vear.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	ad one	e or m	ore rela
(a)		0	(b)	(c)	(d)		(e))	(f))		(g)	(r	ו)	(i
Name, address, and of related organizat	EIN ion	Prim	ary activity	Legal domicile (state or	Direct con entit	trolling y	Type of (C corp, S	S corp,	Share c inco			Share of end-of-year	Perce owne	ntage ership	contro
				foreign country)			` or tru	ist)				assets			enti Yes

Schedule R (Form 990) 2021 GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х		
b	Gift, grant, or capital contribution to related organization(s)	1b		Х		
	Gift, grant, or capital contribution from related organization(s)	1c		Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х		
	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		Х		
	Purchase of assets from related organization(s)	1h		Х		
i	Exchange of assets with related organization(s)	1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х		
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х		
	Sharing of paid employees with related organization(s)	10		Х		
р	Reimbursement paid to related organization(s) for expenses	1p		Х		
	Reimbursement paid by related organization(s) for expenses	1q		Х		
r	Other transfer of cash or property to related organization(s)	1r		Х		
s	Other transfer of cash or property from related organization(s)	1s		Х		
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>	4.0		Schodula D (Farm 000) 2021

Schedule R (Form 990) 2021 GOODWILL INDUSTRIES OF MISSISSIPPI, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.