** Return of Organization Exempt From Income Tax **

** NEWLY AMENDED FORM **

Form 990

Department of the Treasury
Internal Revenue Service

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.

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** A For the 2021 calendar year, or tax year beginning and ending **

** B Check if applicable:**

<table>
<thead>
<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Final return/terminated</th>
<th>Amended return</th>
<th>Application pending</th>
</tr>
</thead>
</table>

** C Name of organization **

GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.

Doing business as

1635 W. MICHIGAN ST.

INDIANAPOLIS, IN 46222

City or town, state or province, country, and ZIP or foreign postal code

** D Employer identification number **

23-7148440

** E Telephone number **

317-524-4313

** G Gross receipts **

32,390,016

** H(a) Is this a group return **

Yes [ ] No [X]

for subordinates? [ ]

Yes [X] No [ ]

If "No," attach a list. See instructions.

** I Tax-exempt status: **

X 501(c)(3) [ ]

501(c) ( ) [ ]

( )501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527

SAME AS C ABOVE

** J Form of organization: **

Website: WWW.GOODWILLINDY.ORG

** K Form of organization: **

INDIANAPOLIS, IN 46204 317-633-4705

** Part I Summary **

1 Briefly describe the organization’s mission or most significant activities: THE ORGANIZATION’S PURPOSE IS TO SOLICIT FINANCIAL SUPPORT FROM THE GENERAL PUBLIC AND TO DISBURSE

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

** Part II Activities & Governance **

** 8 Contributions and grants (Part VIII, line 1h) **

2,294,066 22,142,605

** 9 Program service revenue (Part VIII, line 2g) **

0 0

** 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **

1,407,980 5,683,305

** 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **

0 0

** 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **

3,702,046 27,825,910

** 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) **

2,979,016 2,513,622

** 14 Benefits paid to or for members (Part IX, column (A), line 4) **

0 0

** 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **

0 0

** 16a Professional fundraising fees (Part IX, column (A), line 11e) **

0 0

** 16b Total fundraising expenses (Part IX, column (D), line 25) **

803,742

** 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **

1,300,694 1,151,792

** 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **

4,279,710 3,665,414

** 19 Revenue less expenses. Subtract line 18 from line 12 **

-577,664 24,160,496

** Part III Signature Block **

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 Here **

Signature of officer

DANIEL J. RILEY, SENIOR VP ADMINISTRATION

Type or print name and title

Date

** Print/Type preparer’s name **

ANGELA N. CRAWFORD, CPA

Preparer’s signature

ANGELA N. CRAWFORD, 05/15/22

Preparer’s EIN

35-1178661

PTIN 00573197

** Paid **

Firm’s name

BLUE & CO., LLC

Use Only

Firm’s address

500 N. MERIDIAN ST, SUITE 200

INDIANAPOLIS, IN 46204

Phone no. 317-633-4705

** May the IRS discuss this return with the preparer shown above? See instructions **

[X] Yes [ ] No

** SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION **
Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization’s mission:

THE ORGANIZATION’S PURPOSE IS TO SOLICIT FINANCIAL SUPPORT FROM THE GENERAL PUBLIC AND TO DISBURSE SUCH FUNDS TO SUPPORT GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. (GOODWILL) AND GOODWILL EDUCATION INITIATIVES, INC. (GEI), TO HELP ESTABLISH NEW PROGRAMS OR SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☐ No

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 $ 2,706,451. including grants of $ 2,513,622. ) (Revenue $ 0. ) GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. ("GCSI") AND ITS SUBSIDIARIES, GW COMMERCIAL SERVICES, INC. ("GWCS") AND GOODWILL EDUCATION INITIATIVES, INC. ("GEI"), TOGETHER WITH GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC. (THE FOUNDATION) (COLLECTIVELY REFERRED TO AS "GOODWILL") ARE INDIANA NON-PROFIT ORGANIZATIONS THAT OFFER EMPLOYMENT, EDUCATION AND RELATED SERVICES TO DISADVANTAGED ADULTS AND YOUNG PEOPLE THROUGHOUT CENTRAL AND SOUTHERN INDIANA. GOODWILL DEFINES DISADVANTAGED INDIVIDUALS AS THOSE WITH A BARRIER TO EMPLOYMENT SUCH AS A DISABILITY, A CRIMINAL HISTORY, AND/OR A LOW EDUCATION LEVEL (LESS THAN A HIGH SCHOOL DIPLOMA).

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses $ 2,706,451.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>21</td>
<td></td>
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</tbody>
</table>

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

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.

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 Schedule J.

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? * If "Yes," answer lines 24b through 24d and complete Schedule K. * If "No," go to line 25a.

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? * If "Yes," complete Schedule L, Part I.

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 II.

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.

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 or family member of any of these persons? * If "Yes," complete Schedule L, Part III.

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):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? * If "Yes," complete Schedule L, Part IV.

b A family member of any individual described in line 28a? * If "Yes," complete Schedule L, Part IV.

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? * If "Yes," complete Schedule L, Part IV.

29 Did the organization receive more than $25,000 in non-cash contributions? * If "Yes," complete Schedule M.

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? * If "Yes," complete Schedule M.

31 Did the organization liquidate, terminate, or dissolve and cease operations? * If "Yes," complete Schedule N, Part I.

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? * If "Yes," complete Schedule N, Part II.

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.

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.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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.

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? * If "Yes," complete Schedule R, Part V, line 2.

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? * If "Yes," complete Schedule R, Part V, line 2.

38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 119?

Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? * If "Yes," complete Schedule R, Part V, line 2.
### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td>5c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>6b</td>
<td></td>
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<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
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<tr>
<td>7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>7a</td>
<td>X</td>
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<tr>
<td>7b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>7f</td>
<td>X</td>
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<tr>
<td>7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>7g</td>
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<tr>
<td>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td>7h</td>
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<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td>8</td>
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<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
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<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
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</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
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<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
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<tr>
<td>13a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>13b 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</td>
<td>13b</td>
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</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td>14b</td>
<td></td>
</tr>
<tr>
<td>15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>15</td>
<td>X</td>
</tr>
<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td>16</td>
<td>X</td>
</tr>
<tr>
<td>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</td>
<td>17</td>
<td></td>
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<tr>
<td>18 Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>18</td>
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<tr>
<td>20 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
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<td></td>
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<td>21 Section 501(c)(7) organizations. Enter:</td>
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<td></td>
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<td>24 Section 4947(a)(1) non-exempt charitable trusts. If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
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<td>25 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
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<td>25a Is the organization licensed to issue qualified health plans in more than one state?</td>
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</tr>
<tr>
<td>25b 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</td>
<td>25b</td>
<td></td>
</tr>
<tr>
<td>26 Enter the amount of reserves on hand</td>
<td>26</td>
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<tr>
<td>27 Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>27</td>
<td></td>
</tr>
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<td>28 If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td>28</td>
<td></td>
</tr>
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<td>29 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td>29</td>
<td>X</td>
</tr>
<tr>
<td>30 If &quot;Yes,&quot; see the instructions and file Form 4720, Schedule N.</td>
<td>30</td>
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</tr>
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<td>31 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
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<td>X</td>
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<tr>
<td>33 Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>34 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>35 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>35a</td>
<td></td>
</tr>
<tr>
<td>35b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>35b</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36a Gross income from members or shareholders</td>
<td>36a</td>
<td></td>
</tr>
<tr>
<td>36b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>36b</td>
<td></td>
</tr>
</tbody>
</table>
### Part VI Governance, Management, and Disclosure

**Section A. Governing Body and Management**

**1a** Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **36**

**1b** Enter the number of voting members included on line 1a, above, who are independent. **36**

**2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **X**

**3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? **X**

**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **X**

**5** Did the organization become aware during the year of a significant diversion of the organization's assets? **X**

**6** Did the organization have members or stockholders? **X**

**7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **X**

**7b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **X**

**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **X**

- **a** The governing body?
- **b** Each committee with authority to act on behalf of the governing body?

**9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. **X**

### Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

**10a** Did the organization have local chapters, branches, or affiliates? **X**

**10b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? **X**

**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **X**

- **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990.

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **X**

- **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **X**

- **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done **X**

**13** Did the organization have a written whistleblower policy? **X**

**14** Did the organization have a written document retention and destruction policy? **X**

**15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **X**

- **a** The organization’s CEO, Executive Director, or top management official
- **b** Other officers or key employees of the organization

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **X**

**16b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? **X**

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed **IN**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. **X** Own website **X** Another’s website **X** Upon request **☐** Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. **☐**

**20** State the name, address, and telephone number of the person who possesses the organization’s books and records **Daniel J. Riley - 317-524-4313**

1635 W. Michigan St., Indianapolis, IN 46222

Form 990 (2021)
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

List all of the organization’s current key employees, if any. See the instructions for definition of “key employee.”

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.

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 officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

List all of the organization’s key employees, if any. See the instructions for definition of “key employee.”

List the organization’s five 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.

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KENT KRAMER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>544,484.</td>
<td>34,758.</td>
</tr>
<tr>
<td>PRESIDENT &amp; CEO</td>
<td>41.00</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(2) DANIEL RILEY</td>
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<td>0.</td>
<td>253,686.</td>
<td>32,192.</td>
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<tr>
<td>SENIOR VP &amp; CFO</td>
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<td>(3) RACHEL EBLE</td>
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<tr>
<td>VP, FNDTN, &amp; CHIEF ADVANCEMENT OFF</td>
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<td>(4) ANDREW MORRIS</td>
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</tr>
<tr>
<td>CHAIR</td>
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<td>X X</td>
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<tr>
<td>(5) KAREN GLASER</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) CHRIS BEAN</td>
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<td></td>
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<tr>
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<tr>
<td>(7) CRAIG CALDWELL</td>
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<tr>
<td>(8) MATT B. CARTER</td>
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<tr>
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<tr>
<td>(9) PATRICIA CASTANEDA</td>
<td>1.00</td>
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<tr>
<td>DIRECTOR-TERM BEGAN 2021</td>
<td>0.00</td>
<td>X</td>
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<tr>
<td>(10) CHRIS COCKERHAM</td>
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<tr>
<td>(11) KEITH FALLER</td>
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<tr>
<td>(12) GWEN A. FOUNTAIN, PHD</td>
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<tr>
<td>(13) OTTO N. FRENZEL, IV</td>
<td>1.00</td>
<td>X</td>
<td></td>
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<tr>
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<tr>
<td>(14) MARK GRAHAM</td>
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<tr>
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<td>X</td>
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<tr>
<td>(15) DAWN GRIFFIN</td>
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<tr>
<td>(16) C. PERRY GRIFFITH, III</td>
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<tr>
<td>(17) ROBERT HERZOG</td>
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</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) ELIZABETH HILBRICH DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(19) PERRY HINES DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
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<tr>
<td>(20) JOHN HIRSCHMAN DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
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<tr>
<td>(21) MATT HOWARD DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
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</tr>
<tr>
<td>(22) KELLEY JACOBSEN DIRECTOR-TERM BEGAN 2021</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
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<tr>
<td>(23) THOMAS KING DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>(24) RENEE MADISON DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(25) ROB MARTINSON DIRECTOR</td>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(26) WILLIAM K. MCGOWAN JR. DIRECTOR</td>
<td>1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

**1b Subtotal**
0. 953,533. 93,532.

**1c Total from continuation sheets to Part VII, Section A**
0. 0. 0.

**1d Total (add lines 1b and 1c)**
0. 953,533. 93,532.

**2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization**

### Section B. Independent Contractors

1. Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
</table>

**2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization**
0
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**Form 990**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) RALPH MEYER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(28) ANDREA NEELY</td>
<td>1.00</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
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<td>0.00</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) DEWAND NEELY</td>
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<tr>
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<td>X</td>
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<tr>
<td>(30) LAURA PICKETT</td>
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<td></td>
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</tr>
<tr>
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<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(31) STEVEN C. ROBINSON</td>
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<tr>
<td>(32) LILY SMITH</td>
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<tr>
<td>(33) JASON SPILBETER</td>
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<tr>
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<tr>
<td>(34) TONY SNIDER</td>
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<tr>
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<tr>
<td>(35) ERIC STOLBERG</td>
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<td></td>
<td></td>
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<tr>
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<tr>
<td>(36) ANNE SHANE</td>
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<td>(37) FRED C. TUCKER, III</td>
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<tr>
<td>(38) W. MICHAEL WELLS</td>
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<tr>
<td>(39) DREW WHITE</td>
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<td>(40) BETSY DUSTMAN</td>
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<tr>
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<tr>
<td>(42) BILL SHREWSBERRY</td>
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<td>(43) SUSIE SOGARD</td>
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</table>

Total to Part VII, Section A, line 1c
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
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<tr>
<td>1a Federated campaigns</td>
<td>300,000.</td>
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<tr>
<td>1b Membership dues</td>
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<tr>
<td>1c Fundraising events</td>
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<tr>
<td>1d Related organizations</td>
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</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>21,842,605.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td>22,142,605.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Program Service Revenue |  |
|-------------------------|-------------------|--------------------------------------|-------------------------------|
| 2a |  |  |  |
| 2b |  |  |  |
| 2c |  |  |  |
| 2d |  |  |  |
| 2e |  |  |  |
| **f All other program service revenue** |  |  |  |
| **g Total. Add lines 2a-2f** |  |  |  |

<table>
<thead>
<tr>
<th>Business Code</th>
<th>(A) Total revenue</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Investment income (including dividends, interest, and other similar amounts)</strong></td>
<td>3,956,401.</td>
<td></td>
<td></td>
<td>3956401.</td>
</tr>
<tr>
<td><strong>4 Income from investment of tax-exempt bond proceeds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 Royalties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6a Gross rents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6b Less: rental expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6c Rental income or (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d Net rental income or (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7a Gross amount from sales of assets other than inventory</strong></td>
<td>6,291,010.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7b Less: cost or other basis and sales expenses</strong></td>
<td>4,562,306.</td>
<td>1,800.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7c Gain or (loss)</strong></td>
<td>1,728,704.</td>
<td>-1,800.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d Net gain or (loss)</strong></td>
<td>1,726,904.</td>
<td></td>
<td></td>
<td>1726904.</td>
</tr>
<tr>
<td><strong>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8b Less: direct expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c Net income or (loss) from fundraising events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9a Gross income from gaming activities. See Part IV, line 19</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9b Less: direct expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c Net income or (loss) from gaming activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10a Gross sales of inventory, less returns and allowances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10b Less: cost of goods sold</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c Net income or (loss) from sales of inventory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Miscellaneous Revenue |  |
|-----------------------|-------------------|--------------------------------------|-------------------------------|--------------------------------------------------|
| 11a |  |  |  |  |
| 11b |  |  |  |  |
| 11c |  |  |  |  |
| **d All other revenue** |  |  |  |  |
| **e Total. Add lines 11a-11d** |  |  |  |  |
| **12 Total revenue. See instructions** | 27,825,910. | 0. | 0. | 5683305. |
### Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).**

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>2,513,622.</td>
<td>2,513,622.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>192,829.</td>
<td>192,829.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>482.</td>
<td>482.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>15,122.</td>
<td>15,122.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>137,354.</td>
<td>137,354.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>2,263.</td>
<td>2,263.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>FUNDRAISING</td>
<td>799,341.</td>
<td>799,341.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>c</td>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>4,401.</td>
<td>4,401.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Form 990 (2021)**

132010 10-09-21
### Balance Sheet

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>712,567.00</td>
<td>3,328,904.00</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,057,720.00</td>
<td>4,843,240.00</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,800.00</td>
<td>10c</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>34,575,140.00</td>
<td>54,816,193.00</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>10,541,751.00</td>
<td>11,804,179.00</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>632,528.00</td>
<td>0.00</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>47,521,506.00</td>
<td>74,792,516.00</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>187.00</td>
<td>185.00</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other 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</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>544,360.00</td>
<td>330,674.00</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>544,547.00</td>
<td>330,859.00</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>46,976,959.00</td>
<td>74,461,657.00</td>
</tr>
<tr>
<td>33</td>
<td><strong>Total liabilities and net assets/fund balances</strong></td>
<td>47,521,506.00</td>
<td>74,792,516.00</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>10</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>Accrual</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td>2b</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>3b</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
<tr>
<td>Part I</td>
<td>Reason for Public Charity Status. (All organizations must complete this part.) See instructions.</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). Attach Schedule E (Form 990).</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
<td>(iii) Type of organization (described on lines 1-10 above see instructions)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Total
### Part II 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>1948543</td>
<td>3720127</td>
<td>1587821</td>
<td>2294066</td>
<td>22142605</td>
<td>31693162</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>1948543</td>
<td>3720127</td>
<td>1587821</td>
<td>2294066</td>
<td>22142605</td>
<td>31693162</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>1948543</td>
<td>3720127</td>
<td>1587821</td>
<td>2294066</td>
<td>22142605</td>
<td>31693162</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td>41134817</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2021</th>
<th>(b) 2020</th>
<th>(c) 2019</th>
<th>(d) 2018</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2020 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | | | | | | |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | | | | | | |

| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b 33 1/3% support test - 2020. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |

| 17a 10% - facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |

| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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SOUTHERN INDIANA, INC.
GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.
23-7148440

Schedule A (Form 990) 2021

132022 01-04-22
**GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC. 23-7148440**

### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Public support.** (Subtract line 7c from line 6)

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here**

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))</th>
<th>15 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage from 2020 Schedule A, Part III, line 15</td>
<td>16 %</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))</th>
<th>17 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage from 2020 Schedule A, Part III, line 17</td>
<td>18 %</td>
</tr>
</tbody>
</table>

**33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

132025 01-04-22
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 “Yes,” 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 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.)
### Part IV Supporting Organizations

11 Has the organization accepted a gift or contribution from any of the following persons?

a. 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?

b. A family member of a person described on line 11a above?

c. 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

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).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 year (see instructions).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - <em>provide details in Part VI</em>)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (<em>describe in Part VI</em>). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (<em>provide details in Part VI</em>). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (*see instructions*)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2021</th>
<th>(iii) Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required - <em>explain in Part VI</em>). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <em>explain in Part VI</em>. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DESCRIPTION: NURSE FAMILY PARTNERSHIP PROGRAM  
DATE: 12/02/21  AMOUNT:  12000000.

DESCRIPTION: NEW BEGINNINGS PROGRAM  
DATE: 03/18/21  AMOUNT:  6950000.
** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990) 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

Name of the organization
GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.

Employer identification number
23-7148440

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ

☐ 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

☐ 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.

☐ 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

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.

Schedule B (Form 990) (2021)

123451 11-11-21
Schedule B (Form 990) (2021)

Name of organization
GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.

Employer identification number
23-7148440

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$18,950,000</td>
<td>Person X Payroll Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
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<tr>
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</tr>
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<td></td>
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</tr>
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<td>(d) Date received</td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
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<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
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</tr>
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<td></td>
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<td></td>
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</tr>
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<td></td>
<td>$</td>
<td></td>
</tr>
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<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $ ______

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
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</table>

<table>
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<tr>
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<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE D
(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

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

Name of the organization 

GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC. 

Employer identification number 23-7148440

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds  (b) Funds and other accounts

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 funds are the organization's property, subject to the organization's exclusive legal control? 

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education)
- Preservation of natural habitat
- Preservation of open space
- Preservation of a historically important land area
- Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

2a Total number of conservation easements
2b Total acreage restricted by conservation easements
2c Number of conservation easements on a certified historic structure included in (a)
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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Schedule D (Form 990) 2021
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

   - [ ] Public exhibition
   - [ ] Scholarly research
   - [ ] Preservation for future generations
   - [ ] Loan or exchange program
   - [ ] Other

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  
   - [ ] Yes
   - [ ] No

### Part IV  Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

   - [ ] Yes
   - [ ] No

   If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
<th>1c</th>
<th>1d</th>
<th>1e</th>
<th>1f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions during the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distributions during the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

   - [ ] Yes
   - [ ] No

   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

### Part V  Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a. Beginning of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

   - Contributions
   - Net investment earnings, gains, and losses
   - Grants or scholarships
   - Other expenditures for facilities and programs
   - Administrative expenses

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   - [ ] Board designated or quasi-endowment %
   - [ ] Permanent endowment %
   - [ ] Term endowment %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   - (i) Unrelated organizations
   - (ii) Related organizations

   - [ ] Yes
   - [ ] No

   If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b. 

4. Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI  Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) BLACKROCK INVESTMENT FUND</td>
<td>498,928</td>
<td>COST</td>
</tr>
<tr>
<td>(B) NORTHGATE INVESTMENT FUND</td>
<td>357,397</td>
<td>COST</td>
</tr>
<tr>
<td>(C) GREEN SPRING</td>
<td>3,410,114</td>
<td>COST</td>
</tr>
<tr>
<td>(D) AETHER REAL ASSETS</td>
<td>1,491,283</td>
<td>COST</td>
</tr>
<tr>
<td>(E) GREENBACKER INVESTMENT</td>
<td>1,119,598</td>
<td>COST</td>
</tr>
<tr>
<td>(F) RYDER INVESTMENT FUND</td>
<td>4,926,859</td>
<td>COST</td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, (B) line 12.)</td>
<td>11,804,179</td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<td>(3)</td>
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<td>(4)</td>
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<td>(7)</td>
<td></td>
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<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Col. (b) must equal Form 990, Part X, (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>Description of liability</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) RELATED PARTY PAYABLES</td>
<td>330,674.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, (B) line 25.)</td>
<td>330,674.</td>
</tr>
</tbody>
</table>
**Part XI**  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td></td>
</tr>
</tbody>
</table>

**Part XII**  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered “Yes” on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td></td>
</tr>
</tbody>
</table>

**Part XIII**  Supplemental Information.

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.

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**PART X, LINE 2:**

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY GOODWILL AND RECOGNIZE A TAX LIABILITY IF GOODWILL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY GOODWILL AND HAS CONCLUDED THAT AS OF JANUARY 1, 2022 AND JANUARY 2, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. GOODWILL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization: GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.
Employer identification number: 23-7148440

**Part I**
General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

**Part II**
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODWILL EDUCATION INITIATIVES, INC. - 1635 W MICHIGAN ST. - INDIANAPOLIS, IN 46222</td>
<td>20-0749885</td>
<td>501c3</td>
<td>136,166</td>
<td>0</td>
<td>SUPPORT ORGANIZATION’S PRIMARY EXEMPT PURPOSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. - 1635 W MICHIGAN ST. - INDIANAPOLIS, IN 46222</td>
<td>35-0893506</td>
<td>501c3</td>
<td>2,377,455</td>
<td>0</td>
<td>SUPPORT ORGANIZATION’S PRIMARY EXEMPT PURPOSE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ...........................................

3. Enter total number of other organizations listed in the line 1 table ...........................................

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

Schedule I (Form 990) 2021
**GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.**

**Schedule I (Form 990) 2021**

**Part III** 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

**PART I, LINE 2:**

**THE ORGANIZATION IS A RELATED ORGANIZATION OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. AND SUBSIDIARIES ("GOODWILL"). ALL GRANTS ARE MADE TO SUPPORT GOODWILL AND ITS PRIMARY EXEMPT PURPOSE.**

---

132102 10-26-21 Schedule I (Form 990) 2021
### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td>Housing allowance or residence for personal use</td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td>Payments for business use of personal residence</td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td>Health or social club dues or initiation fees</td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td>Personal services (such as maid, chauffeur, chef)</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain.</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
<td>Written employment contract</td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
<td>Compensation survey or study</td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
<td>Approval by the board or compensation committee</td>
</tr>
<tr>
<td>4</td>
<td>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
<td>4a X</td>
</tr>
<tr>
<td>b</td>
<td>Participate in or receive payment from a supplemental nonqualified retirement plan?</td>
<td>4b X</td>
</tr>
<tr>
<td>c</td>
<td>Participate in or receive payment from an equity-based compensation arrangement?</td>
<td>4c X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization?</td>
<td>5a X</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
<td>5b X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</td>
<td></td>
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<tr>
<td>a</td>
<td>The organization?</td>
<td>6a X</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
<td>6b X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III.</td>
<td>7 X</td>
</tr>
<tr>
<td>8</td>
<td>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If &quot;Yes,&quot; describe in Part III</td>
<td>8 X</td>
</tr>
<tr>
<td>9</td>
<td>If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td>9</td>
</tr>
</tbody>
</table>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren’t listed on Form 990, Part VII.

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KENT KRAMER</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td></td>
<td>PRESIDENT &amp; CEO</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) DANIEL RILEY</td>
<td>(i) 443,520</td>
<td>(ii) 98,274</td>
<td>(iii) 2,690</td>
<td>15,814.</td>
<td>18,944.</td>
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<tr>
<td></td>
<td>SENIOR VP &amp; CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) RACHEL EBLE</td>
<td>(i) 218,237</td>
<td>(ii) 32,515</td>
<td>(iii) 2,934</td>
<td>15,684.</td>
<td>16,508.</td>
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<td>VP, FNDTN, &amp; CHIEF ADVANCEMENT OFFIC</td>
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<tr>
<td></td>
<td>(i) 147,794</td>
<td>(ii) 6,831</td>
<td>(iii) 738</td>
<td>9,617.</td>
<td>16,965.</td>
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</table>

Schedule J (Form 990) 2021
PART I, LINE 3:

THE FOLLOWING METHODS WERE USED BY A RELATED PARTY (GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC.) TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR:

- COMPENSATION COMMITTEE
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUCH FUNDS TO SUPPORT GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. (GOODWILL) AND GOODWILL EDUCATION INITIATIVES, INC. (GEI), TO HELP ESTABLISH NEW PROGRAMS OR SERVICES FOR DISABLED AND DISADVANTAGED INDIVIDUALS IN CENTRAL AND SOUTHERN INDIANA, FURTHER GOODWILL'S EDUCATIONAL EFFORTS, PROVIDE COLLEGE SCHOLARSHIPS TO QUALIFYING GRADUATES OF GEI'S CHARTER SCHOOLS AND ATTRACT PROMISING COLLEGE STUDENTS TO CAREERS IN HUMAN SERVICES BY PROVIDING SCHOLARSHIPS AND INTERNSHIPS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR DISABLED AND DISADVANTAGED INDIVIDUALS IN CENTRAL AND SOUTHERN INDIANA, FURTHER GOODWILL'S EDUCATIONAL EFFORTS, PROVIDE COLLEGE SCHOLARSHIPS TO QUALIFYING GRADUATES OF GEI'S CHARTER SCHOOLS AND ATTRACT PROMISING COLLEGE STUDENTS TO CAREERS IN HUMAN SERVICES BY PROVIDING SCHOLARSHIPS AND INTERNSHIPS.

FORM 990, PART III, LINE 4A, CONTINUED:

GOODWILL'S MANAGEMENT ENCOURAGES INTERESTED READERS TO READ THE FORM 990 TAX RETURNS OF ALL RELATED ENTITIES IN ORDER TO OBTAIN COMPLETE INFORMATION ABOUT THE EXEMPT ACTIVITIES, OPERATIONS AND INTERRELATIONSHIPS OF THE COLLECTIVE CENTRAL AND SOUTHERN INDIANA GOODWILL ORGANIZATIONS.

GCSI OPERATES FOUR DISTINCT ENTERPRISE DIVISIONS, DESCRIBED BELOW.
GCSI's Retail Operation collects donations of used clothing and household items and sells them through a network of 69 thrift stores and four warehouse outlet centers. Excess and unsalable donated items are sold through salvage and recycling channels. Unique and high-value items, jewelry, and books are often sold through e-commerce channels. The retail operation also accepts and sells donated automobiles, using a third party for vehicle towing and auction services. The retail operation employs more than 3,100 individuals, more than 60% of whom have barriers to employment. These operations also generate revenue and cash flow that fund a large portion of GCSI's other mission-related operations and its general and administrative expenses.

GCSI's Commercial Services ("CS") operation provides a variety of outsource packaging, assembly, and fulfillment services to external customers, employing over 290 people with disabilities and other barriers.

GCSI's Mission Advancement ("MA") operation provides case management, counseling, training, education, job coaching, job placement, and related supportive services for disabled, disadvantaged, unemployed and underemployed individuals who wish to find and retain employment and increase their economic self-sufficiency. MA also manages programs designed to provide holistic whole-family services to Goodwill's low-wage workers, program participants, and their families. The CS and MA segments of Goodwill of Central and Southern are funded by a combination of contracts with external customers, service contracts with federal and state governmental entities, United Way grants, private grants and gifts from individuals and foundations, and...
SUBSIDIES FROM GCSI'S RETAIL OPERATION.

GOODWILL STRIVES TO PLACE MANY OF THE INDIVIDUALS IT SERVES THROUGH ITS MISSION ADVANCEMENT DIVISION IN EMPLOYMENT WITH EXTERNAL EMPLOYERS. IN MANY INSTANCES, INDIVIDUALS MAY WORK AT GOODWILL IN VARIOUS CAPACITIES TO GAIN WORK EXPERIENCE, TRAINING, JOB AND INCOME STABILITY, AND SOFT SKILLS NECESSARY TO BECOME MORE SELF-SUFFICIENT IN EMPLOYMENT WITH OTHER EMPLOYERS. INDIVIDUALS WITH DISABILITIES OR OTHER BARRIERS MADE UP MORE THAN 60% OF GOODWILL'S TOTAL WORKFORCE OF MORE THAN 4,200 EMPLOYEES IN 2021. EMPLOYEES WITH DISABILITIES AND OTHER BARRIERS RECEIVE INDIVIDUALIZED CASE MANAGEMENT AND SUPPORT DESIGNED TO ASSIST THEM IN DAILY LIVING, FINANCIAL DECISIONS, TRANSPORTATION, LIFE SKILLS, COMMUNICATIONS, ACCESS TO HEALTH CARE AND OTHER CRITICAL NEEDS FOR THE NEARLY 10% OF GOODWILL'S WORKFORCE THAT HAS A CRIMINAL HISTORY, GOODWILL PROVIDES EMPLOYMENT AND RELATED SERVICES TO HELP THEM RE-ESTABLISH A WORK AND EARNINGS HISTORY, DEVELOP JOB AND LIFE SKILLS AND REDUCE THE RISK OF RECIDIVISM. IN 2021, DESPITE THE COVID-19 PANDEMIC, GOODWILL PLACED NEARLY 1,100 INDIVIDUALS IN JOBS WITH EXTERNAL EMPLOYERS, AN AVERAGE OF MORE THAN FOUR PEOPLE PER WORK DAY.

GWCS IS OPERATED UNDER COMMON MANAGEMENT WITH GCSI'S COMMERCIAL SERVICES OPERATIONS AND PROVIDES REHABILITATIVE TRAINING AND JOBS FOR PEOPLE WHO HAVE SIGNIFICANT DISABILITIES, PRIMARILY THROUGH SERVICE CONTRACTS WITH VARIOUS FEDERAL GOVERNMENTAL ENTITIES PURSUANT TO ABILITY ONE (FORMERLY KNOWN AS THE JAVITS-WAGNER-O'DAY ACT OF 1971). ABILITY ONE REQUIRES CERTAIN FEDERAL GOVERNMENTAL ENTITIES TO PURCHASE SELECTED PRODUCTS AND SERVICES, VIA SUCH CONTRACTS, FROM NON-PROFIT AGENCIES EMPLOYING BLIND OR SIGNIFICANTLY DISABLED INDIVIDUALS WITH
SIGNIFICANT DISABILITIES. AT YEAREND 2021, GWCS OPERATED 10 ABILITY ONE CONTRACTS AT GOVERNMENT SITES IN CENTRAL AND SOUTHERN INDIANA, AND EMPLOYED APPROXIMATELY 130 PEOPLE WITH SIGNIFICANT DISABILITIES.

GOODWILL EDUCATION INITIATIVES (GEI) PROVIDES EDUCATIONAL OPPORTUNITIES DESIGNED TO ENABLE YOUNG PEOPLE AND ADULTS TO ENHANCE THEIR SUCCESS IN LIFE AND WORK. GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. (GCSI OR GOODWILL), A NOT-FOR-PROFIT CORPORATION RELATED TO GEI, FORMED GEI IN 2004 IN RESPONSE TO THE LARGE NUMBER OF YOUNG PEOPLE SEEKING EMPLOYMENT AND OTHER SERVICES AT GOODWILL WITH LIMITED CAREER OPPORTUNITIES AND WITHOUT A HIGH SCHOOL DIPLOMA. GEI OPERATES THE INDIANAPOLIS METROPOLITAN HIGH SCHOOL (THE MET), A PUBLIC CHARTER SCHOOL IN AN ECONOMICALLY DEPRESSED URBAN AREA IN INDIANAPOLIS UNDER THE INDIANA CHARTER SCHOOL LAWS AND THE CHARTERING AUTHORITY OF THE MAYOR OF INDIANAPOLIS. GEI ALSO OPERATES THE EXCEL CENTERS, INDIANA PUBLIC CHARTER HIGH SCHOOLS PRIMARILY SERVING ADULTS WHO PREVIOUSLY DROPPED OUT OF HIGH SCHOOL AND WHO WISH TO OBTAIN THEIR HIGH SCHOOL DIPLOMA. THE MET AND ONE EXCEL CENTER LOCATION OCCUPY SPACE IN GOODWILL'S INDIANAPOLIS HEADQUARTERS BUILDING. TWO EXCEL CENTERS OCCUPY SPACE OWNED BY GCSI, ONE EXCEL CENTER OCCUPIES SPACE OWNED BY GEI, AND THE OTHER EXCEL CENTERS LEASE SPACE FROM THIRD PARTIES. GEI CONTRACTS WITH GOODWILL FOR CERTAIN BUSINESS SUPPORT SERVICES, INCLUDING HUMAN RESOURCES, SAFETY & SECURITY, INFORMATION TECHNOLOGY, FACILITIES, AND MARKETING. THE EXCEL CENTERS OPERATED IN 15 LOCATIONS IN CENTRAL INDIANA IN FISCAL YEAR 2020-2021.

THE MET PRIMARILY SERVES STUDENTS WHO ARE IN FOSTER CARE, HAVE BEEN INVOLVED WITH THE JUVENILE JUSTICE SYSTEM, AND/OR HAVE STRUGGLED IN
OTHER SCHOOL SETTINGS.

SINCE INCEPTION, MORE THAN 700 STUDENTS HAVE GRADUATED FROM THE MET, AND 60% OF THOSE GRADUATES HAVE GONE ON TO SOME FORM OF POST-SECONDARY EDUCATION OR TRAINING AND REMAIN IN SCHOOL TWO YEARS AFTER GRADUATION.

THE EXCEL CENTER OPENED ITS FIRST LOCATION IN AUGUST 2010 AND COMPLETED ITS ELEVENTH YEAR OF OPERATIONS ON JUNE 30, 2021. DUE TO THE HIGH DEMAND FOR ITS SERVICES, THE EXCEL CENTER HAS EXPANDED TO 15 LOCATIONS THROUGHOUT CENTRAL AND SOUTHERN INDIANA AND STUDENT ENROLLMENT HAS GROWN TO OVER 4,000 STUDENTS. SINCE INCEPTION OVER 6,300 STUDENTS HAVE GRADUATED FROM THE EXCEL CENTER. STUDENTS HAVE VARYING DEGREES OF ACADEMIC CREDITS AND CAPABILITIES WHEN THEY ENROLL. EXCEL CENTER STUDENTS ATTEND CLASSES AND CONNECT WITH A LIFE COACH WHO HELPS THEM NAVIGATE THE BARRIERS THAT STAND IN THE WAY OF THEIR EDUCATIONAL ATTAINMENT. DEMAND FOR EXCEL CENTER ENROLLMENT CONTINUES TO EXCEED CAPACITY. AS A RESULT, GEI PLANS TO OPEN ADDITIONAL FACILITIES AS INDIANA LEGISLATION AND PUBLIC FUNDING ALLOWS.

IN 2021, GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC., MADE GRANTS TO GCSI AND GEI FOR THE FOLLOWING PURPOSES:

GCSI:
- SUPPORT FOR GCSI'S MISSION ADVANCEMENT OPERATIONS, SPECIFICALLY TO ASSIST YOUTH AND ADULTS SEEKING EMPLOYMENT AND EDUCATIONAL ADVANCEMENT.

- IMPLEMENTATION OF A NEW E-COMMERCE MODEL IN ORDER TO GROW AND ENHANCE GOODWILL'S ONLINE RETAIL SALES
-STARTUP SUPPORT FOR A NEW MEDICAL DEVICE MANUFACTURING FACILITY THAT WILL EMPLOY UP TO 100 PEOPLE FROM A LOW-INCOME NEIGHBORHOOD IN INDIANAPOLIS

-SUPPORT FOR WORK FOCUSED ON CONNECTING MISSION AND EDUCATION PROGRAMS TO THE FUTURE OF WORK AS DEFINED BY EMPLOYERS WITH HIGH-DEMAND JOBS

GEI:

-SCHOLARSHIPS PROVIDED TO ASSIST STUDENTS IN PURSUIT OF POST-SECONDARY EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS A FINAL DRAFT OF THE FORM 990 PRIOR TO FILING AND HAS THE OPPORTUNITY TO PROVIDE COMMENTARY AND QUESTIONS TO MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS RECEIVE, REVIEW, AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS OF GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. (GOODWILL) HAS ESTABLISHED A COMPENSATION COMMITTEE WITH THE RESPONSIBILITY OF ESTABLISHING THE COMPENSATION AND BENEFITS OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER (PRESIDENT) OF GOODWILL, AND TO PROVIDE OVERSIGHT ON THE COMPENSATION AND BENEFIT ACTIONS TAKEN BY THE PRESIDENT WITH RESPECT TO HIS/HER DIRECT REPORTS AND KEY EMPLOYEES. THE ROLE OF THE COMPENSATION COMMITTEE AND PRESIDENT, AS DELEGATED TO IT BY THE BOARD OF DIRECTORS, IS...
TO ENSURE THAT THE COMPENSATION ARRANGEMENTS OF GOODWILL ARE STRUCTURED SO THAT COMPENSATION PAYMENTS TO EXECUTIVES ARE AT ALL TIMES REASONABLE FOR AN ORGANIZATION SUBJECT TO THE REQUIREMENTS AND CONSTRAINTS OF SECTIONS 501(C)(3) AND 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE). IN ORDER TO MAINTAIN ITS INDEPENDENCE AND OBJECTIVENESS, MEMBERSHIP ON THE COMPENSATION COMMITTEE IS LIMITED TO DIRECTORS WHO ARE NOT EMPLOYEES OR RELATED TO EMPLOYEES OF GOODWILL OR ANY AFFILIATED ORGANIZATIONS. NO MEMBER MAY BE AN EMPLOYEE OF GOODWILL, SUBJECT TO THE DIRECTION OR CONTROL OF ANY EMPLOYEE OF GOODWILL, NOR RECEIVE COMPENSATION OR OTHER PAYMENTS SUBJECT TO THE APPROVAL OF ANY EMPLOYEE OF GOODWILL. FINALLY, NO MEMBER MAY HAVE ANY MATERIAL FINANCIAL INTEREST THAT WOULD BE AFFECTED BY THE COMPENSATION ARRANGEMENT FOR ANY EXECUTIVE OF GOODWILL. THE COMPENSATION COMMITTEE AND PRESIDENT UTILIZE INDEPENDENT LEGAL ADVICE, NATIONAL COMPENSATION SURVEYS, AND/OR COMPENSATION DATA FOR COMPARABLE ORGANIZATIONS. EACH YEAR, CURRENT COMPARABLE COMPENSATION DATA IS CONSIDERED IN SETTING COMPENSATION, IN EVALUATING PROSPECTIVELY ANY INCENTIVE OR CONTINGENT COMPENSATION PLAN, AND IN REVIEWING RETROACTIVELY THE AMOUNTS DETERMINED BY APPLICATION OF ANY INCENTIVE FORMULA. THE PURPOSE OF SUCH RETROACTIVE REVIEW IS TO ENSURE THAT NO AMOUNT IS PAID PURSUANT TO ANY INCENTIVE PLAN OR FORMULA THAT, WHEN AGGREGATED WITH BASIC SALARY AND BONUS, EXCEEDS REASONABLE COMPENSATION.

GOODWILL'S EXECUTIVE MANAGEMENT TEAM PROVIDES STRATEGIC DIRECTION FOR AND DAY-TO-DAY MANAGEMENT OF THE OPERATIONS OF GOODWILL AND ITS RELATED ENTITIES, GW COMMERCIAL SERVICES, INC., GOODWILL EDUCATION INITIATIVES, INC., AND GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC. TWO MEMBERS OF THE EXECUTIVE TEAM ARE GEI EMPLOYEES. THE REMAINDER OF THE EXECUTIVE TEAM (10 MEMBERS) ARE COMPENSATED ONLY BY GOODWILL OF CENTRAL AND
SOUTHERN INDIANA, INC., AND TAKE NO COMPENSATION OR OTHER FINANCIAL BENEFIT FROM ANY OTHER RELATED ENTITY. GOODWILL'S MANAGEMENT ENCOURAGES INTERESTED READERS TO READ THE FORM 990 TAX RETURNS OF ALL FOUR ENTITIES IN ORDER TO OBTAIN COMPLETE INFORMATION ABOUT THE EXEMPT ACTIVITIES, OPERATIONS, AND INTERRELATIONSHIPS OF THE COLLECTIVE CENTRAL AND SOUTHERN INDIANA GOODWILL ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ITS FINANCIAL STATEMENTS AND 990S ARE ALSO AVAILABLE ON ITS WEBSITE, WWW.GOODWILLINDY.ORG.

FORM 990, PART XII, LINE 2C:
GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN, INDIANA, INC. (FOUNDATION) IS RELATED TO GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC. (GCSI), GOODWILL EDUCATION INITIATIVES, INC. (GEI), AND GW COMMERCIAL SERVICES (GWCS). THE FINANCIAL STATEMENTS OF GCSI, GEI, GWCS, AND THE FOUNDATION ARE AUDITED ANNUALLY BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM. THE FINANCE AND AUDIT COMMITTEE (COMMITTEE) OF GCSI MEETS WITH THE AUDITORS ANNUALLY DURING THE AUDIT PLANNING STAGE TO REVIEW THE AUDIT PLAN AND ANY AUDIT CONCERNS. COMMITTEE MEMBERS GENERALLY CONSIST OF BOARD MEMBERS FROM EACH OF THE ABOVE ORGANIZATIONS. THE COMMITTEE THEN MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE ANNUAL AUDIT TO REVIEW AND RECOMMEND APPROVAL OF THE AUDITED FINANCIAL STATEMENTS. UPON THE COMMITTEE'S RECOMMENDATION, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE FULL GCSI BOARD FOR FINAL APPROVAL. THIS PROCESS HAS NOT CHANGED IN THE PAST YEAR.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.</td>
<td>23-7148440</td>
</tr>
</tbody>
</table>
**Part I**
Identification of Disregarded Entities. Complete if the organization answered “Yes” on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC., 35-0893506, 1635 W. MICHIGAN STREET, INDIANAPOLIS, IN 46222</td>
<td>EMPLOYMENT &amp; EDUCATION</td>
<td></td>
<td></td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
</tr>
<tr>
<td>GOODWILL EDUCATION INITIATIVES, INC., 20-0749885, 1635 W. MICHIGAN STREET, INDIANAPOLIS, IN 46222</td>
<td>PROVIDE EDUCATIONAL OPPORTUNITIES FOR YOUTH &amp; ADULTS</td>
<td>INDIANA</td>
<td>501(c)(3)</td>
<td>LINE 2</td>
<td>GOODWILL OF CENTRAL &amp; SOUTHERN INDIANA,</td>
<td>X</td>
</tr>
<tr>
<td>GW COMMERCIAL SERVICES, INC., 35-2082941, 1635 W. MICHIGAN STREET</td>
<td>PROVIDE REHABILITATION TRAINING AND JOB OPPORTUNITIES</td>
<td>INDIANA</td>
<td>501(c)(3)</td>
<td>LINE 12A, I</td>
<td>GOODWILL OF CENTRAL &amp; SOUTHERN INDIANA,</td>
<td>X</td>
</tr>
</tbody>
</table>

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

SEE PART VII FOR CONTINUATIONS
### 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 of related organization |
| (b) Primary activity |
| (c) Legal domicile (state or foreign country) |
| (d) Direct controlling entity |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) |
| (f) Share of total income |
| (g) Share of end-of-year assets |
| (h) Disproportionate allocations? Yes No |
| (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No |
| (j) General or managing partner? |
| (k) Percentage ownership |

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization |
| (b) Primary activity |
| (c) Legal domicile (state or foreign country) |
| (d) Direct controlling entity |
| (e) Type of entity (C corp, S corp, or trust) |
| (f) Share of total income |
| (g) Share of end-of-year assets |
| (h) Percentage ownership |
| (i) Section 512(b)(13) controlled entity? Yes No |
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?

<p>| | | |</p>
<table>
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<tbody>
<tr>
<td>a</td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td>Yes</td>
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<tr>
<td></td>
<td>b</td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
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<td>c</td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
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<td></td>
<td>d</td>
<td>Loans or loan guarantees to or for related organization(s)</td>
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<td>e</td>
<td>Loans or loan guarantees by related organization(s)</td>
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<td>f</td>
<td>Dividends from related organization(s)</td>
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<td>g</td>
<td>Sale of assets to related organization(s)</td>
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<td>h</td>
<td>Purchase of assets from related organization(s)</td>
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<td>i</td>
<td>Exchange of assets with related organization(s)</td>
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<td>j</td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
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<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
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<td>l</td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
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<td>m</td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
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<td></td>
<td>n</td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
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<td>o</td>
<td>Sharing of paid employees with related organization(s)</td>
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<td></td>
<td>p</td>
<td>Reimbursement paid to related organization(s) for expenses</td>
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<tr>
<td></td>
<td>q</td>
<td>Reimbursement paid by related organization(s) for expenses</td>
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<td>r</td>
<td>Other transfer of cash or property to related organization(s)</td>
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<td></td>
<td>s</td>
<td>Other transfer of cash or property from related organization(s)</td>
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</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-e)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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**GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC.**

**Schedule R (Form 990) 2021**

**Page 4**

### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all entities set off in box (d) above?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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**Schedule R (Form 990) 2021**
GOODWILL FOUNDATION OF CENTRAL AND SOUTHERN INDIANA, INC. 23-7148440

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:
GOODWILL OF CENTRAL AND SOUTHERN INDIANA, INC.
PRIMARY ACTIVITY: EMPLOYMENT & EDUCATION SERVICES FOR DISABLED & DISADVANTAGED YOUTH & ADULTS

NAME OF RELATED ORGANIZATION:
GOODWILL EDUCATION INITIATIVES, INC.
DIRECT CONTROLLING ENTITY: GOODWILL OF CENTRAL & SOUTHERN INDIANA, INC.

NAME OF RELATED ORGANIZATION:
GW COMMERCIAL SERVICES, INC.
DIRECT CONTROLLING ENTITY: GOODWILL OF CENTRAL & SOUTHERN INDIANA, INC.