Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For	the 2023 calendar year, or tax year beginning and endi	n a	inspection
	Check	C Name of organization		
	applic	GOODWILL INDUSTRIES OF SOUTHERN	D Employer identi	ification number
Г	Ad	dress CALIFORNIA		
F	- Na			
-	Init		95-1641	441
r	reti	HUUIT	n/suite E Telephone numb	
	retu	D.D.	323-223	-1211
	ate Am	only of town, black of province, country, and zir or foreign postal code	G Gross receipts \$	288,082,805.
- 1-	retu	LOS ANGELES, CA 90031-1782	H(a) Is this a group	return
	tior	F Name and address of principal officer: PATRICK MCCLENAHAN	for subordinate	es? Yes X No
-	11511711	SAME AS C ABOVE	H(b) Are all subordinates	
-		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. See instructions
	Web		H(c) Group exempti	on number
		of organization: X Corporation Trust Association Other	Year of formation: 1919	M State of legal domicile: C2
P	art I	Guilliary		
a	1	Briefly describe the organization's mission or most significant activities: TRANSFO	RMING LIVES TH	ROUGH THE
2	1	POWER OF WORK, GOODWILL INDUSTRIES OF (CONTI	NUED ON SCHEDI	ILE O)
Ë	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	sets
o Še	3	Number of voting members of the governing body (Part VI, line 1a)	وا	1
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)	1	
Š	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	
ctivities & Governance	6	Total unrelated business (estimate if necessary)	6	
Ę	7 :	a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		
		and the state we state the state of the stat	Prior Year	
4.	8	Contributions and grants (Part VIII, line 1h)	124,615,508.	Current Year
Revenue	9		154,212,480.	
š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	275 022	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	275,932.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	501,899.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	279,605,819.	
	14	Benefits paid to or for members (Part IV palvers (A) line 4)	2,553,786.	
	15	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,193,968.	
Expenses	""	Professional fundraising fees (Part IX, column (A), line 11e)	196,065.	317,464.
X	47"	Total fundraising expenses (Part IX, column (D), line 25) 2,167,918.		HAST BEST OF THE
	10	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	217,809,748.	
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	254,753,567.	273,346,596.
	19	Revenue less expenses. Subtract line 18 from line 12	24,852,252.	14,736,209.
ts or		Till a factor of the same of t	Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	172,104,974.	182,299,502.
Net Asse	21	Total liabilities (Part X, line 26)	127,515,484.	120,972,041.
	rt II	Net assets or fund balances. Subtract line 21 from line 20	44,589,490.	61,327,461.
	Tool Children	Signature Block		
unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pres	parer has any knowledge.	
			10/16	12024
Sign	ı	Signature of officer	Date /	
Here	•	PATRICK MCCLENAHAN, PRESIDENT & CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		LAUREN A. HAVERLOCK	10/09/24 self-employe	
Prepa	arer	Firm's name MOSS ADAMS LLP		1-0189318
Use (Only	Firm's address 21700 OXNARD ST. STE 300	EIIIII S EIN 3	1 0103310
		WOODLAND HILLS, CA 91367	Dhane 01	R_577_1000
May	the IF	RS discuss this return with the preparer shown above? See instructions	Trnone no. 6 1	8-577-1900
LUA	F	propuler shown above; see instructions		X Yes No

Part III Statement of Program Service Accomplishments	Fage 2
Check if Schedule O contains a response or note to any line in this Part III	X
i briefly describe the organization's mission:	
TO TRANSFORM LIVES THROUGH THE POWER OF WORK, GSC SERV	JES PEOPLE WITH
DISABILITIES OR OTHER VOCATIONAL CHALLENGES AS WELL :	AC RIICTNIECC DV
PROVIDING EDUCATION, TRAINING, WORK EXPERIENCE AND JOI	B PLACEMENT
SERVICES.	
2 Did the organization undertake any significant program services during the year which were not listed on the	Α
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	Tes A No
Did the organization cease conducting, or make significant changes in how it conducts, any program service	2002 Tu V.
If "Yes," describe these changes on Schedule O.	ces? Yes X No
Describe the organization's program service accomplishments for each of its three largest program services	
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	s, as measured by expenses.
revenue, if any, for each program service reported.	others, the total expenses, and
12 (2-1)	450 450 445
RETAIL STORES - CREATES JOB OPPORTUNITIES FOR PERSONS W	Revenue \$150,653,417.
AND BARRIERS TO EMPLOYMENT AND IMPUGED TO THE TOTAL	TITH DISABILITIES
AND BARRIERS TO EMPLOYMENT AND INDUSTRY TRAINING. IN 2	023, OVER 1,374
INDIVIDUALS WERE EMPLOYED OR TRAINED THROUGH THESE PRO	GRAMS.
b (Gode:) (Expenses \$ 40,191,055. including grants of \$) (
MATERIAL COLLECTION HANDIING holding grants of \$ ()	Revenue \$ 63,373.
MATERIAL COLLECTION, HANDLING, AND PROCESSING - CREATE	S EMPLOYMENT FOR
PERSONS WITH DISABILITIES AND OTHER BARRIERS TO EMPLOY	MENT, INCLUDING
SKILLS TRAINING. IN 2023, APPROXIMATELY 82 INDIVIDUALS	WERE EMPLOYED.
(Code:) (Expenses \$ 24,599,377. including grapts of \$ 3.569.523.) (code:)	
Including drants of S	evenue \$ 4,469,920.)
WORKFORCE DEVELOPMENT - INCLUDES A WIDE VARIETY OF PROC	GRAMS PROVIDING
EMPLOYMENT PREPARATION, SKILLS TRAINING, JOB DEVELOPMENT	NT, AND JOB
FLACEMENT FOR PERSONS WITH DISABILITIES OR OTHER VOCAT	CONAT
DISADVANTAGES. IN 2023, OVER 32,616 INDIVIDUALS WITH D	CARTITUTES OF
OTHER BARRIERS TO EMPLOYMENT WERE ASSISTED THROUGH THE	SE VARIOUS
PROGRAMS.	711111111111111111111111111111111111111
Other program services (Describe on Schedule O.)	
7 267 750	. 688 . 639 .)
7 267 750	,688,639.)

Form 990 (2023) CALIFORNIA
Part IV Checklist of Required Schedules

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	s No
	If "Yes," complete Schedule A			
	2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 3 Did the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in direct or indirect political and in the organization engage in the organi	1		
	and a substitution of gage in direct of indirect political campaign activities on hebalf of or in apposition to		X	-
	public diffice: If "Yes," complete Schedule C. Part I			٠.,
•			+	X
	saming the tax year: II Yes," complete Schedule C. Part II	π _	v	
			<u> </u>	+
	Similar amounts as defined in Rev. Proc. 98-197 If "Yes " complete Schedule C. Doct III	_	1	l v
•			+	X
	provide device of the distribution of investment of amounts in such funds or accounted.	. _		x
7			+	+^
_	the environment, historic land areas, or historic structures? If "Voc " complete Set and the Set and t	7		x
ε	of works of art, filstorical treasures, or other similar acceted the similar acceted t	-	+-	+^
_	Schedule D, Part III	8		x
9	and the serve as a custodist for escrow or custodial account liability: serve as a custodist for	-	+	 ^
	amounts for listed in Fair A, or provide credit counseling, debt management, credit repair, or debt pegatiation consists a			
40	ir res, complete Schedule D, Part IV	9		X
10	a series of through a related ordanization, find assets in donor-restricted and an enterior of the series of the s			<u> </u>
	of in quasi-endowments? If "Yes," complete Schedule D. Part V.	10	X	
11	The following questions is Yes, then complete Schedule D. Parts VI. VII. VII. IV. or V	YEAR	W B	100
	as applicable.	11 2	5 8	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			-
	Tall VI seprence and the seprence and th	11a	x	
	assets reported in Fart A, line 16? If "Yes," complete Schedule D. Part VIII	11b		Х
,				
	assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VIII	11c		х
	The state of the s			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X. III. 2002	11d	х	
f	The part of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy and a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lightings in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in part x line 257 if illy a second of the lighting in pa	11e	Х	
				-
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	x	
	s and a soparate, independent addited linancial statements for the tay year? (6 11/2 - 11			
ı b	Schedule D, Parts XI and XII Was the organization included in consolidated independent of the day year. If Yes, complete	12a		Х
_	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities subside the United States?	14a		X
	investment, and program service activities outside the United States are appeared from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes." complete Schedule F. Parts Land IV.			
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX column (A) line 3, more than \$5,000 of grants or other assistance to or for any			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	_	_X_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of averages for the second se			
17	The state of the control of the cont	16	\rightarrow	<u>X</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15.000 total additional forms.			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	X	
	To allo dat if "Yes," complete Schedule G. Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	\rightarrow	<u>X</u>
	COMplete Schedule G. Part III			
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its sudified for	19	\perp	X
		20a	_	X
21	bid the diganization report more than \$5,000 of grants or other assistance to any demostic and the	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
332003	12-21-23	21		<u>X</u>
	4	Form 9	J YU (2	023)

Form 990 (2023) CALIFORNIA
Part IV Checklist of Required Schedules (continued)

		_			_
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- Y	es	N
	Fart IA, Column (A), line 2? If "Yes." complete Schedule I. Parts Land III		2 3	,	
2	and the sum of the sum	. 2	4	+	-
	and former officers, directors, trustees, key employees, and highest compensated employees?				
	acriedule a	1 2	3 2	-	
2	and the state of t	2	3 2	-	_
	ides day of the year, that was issued after December 31, 2002? If "Yes " answer lines 24h through 24d and and any the		1	- 1	
	Sendadic N. II No, go to line 23a				v
	Divided any proceeds of tax-excitor boilds period avacations			+	X
	bid the organization maintain an escrow account other than a refunding escrow at any time during the visit to the		0	+	_
	any tax-exempt burids?				
		24		-	_
25			-		_
	transaction with a disqualified person during the year? If "Ves " complete School to Book to	05		Ι,	
	and the crigaded in an excess Denem Iransaction with a disqualitied names in	25	<u> </u>	14	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1	
	ochedule L, Part I		1	Ι,	7
26	and organization report any amount on Part X, line 5 or 22, for receivables from or navables to any current	25h	+		X_
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, as acres			1	
	controlled entity or family member of any of these persons? If "Ves." complete Schoolide I. Book is			١.	
27	assistance to any current or former officer, director, trustee less and the	26	-	12	_
	ordator or founder, substantial contributor or employee thereof, a grant selection committee and the second				
	strate (including an employee intereor) or family member of any of these persons?	1		١	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27		X	_
	indude tions for applicable filling thresholds, conditions, and exceptions).	200	-		
- 6	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1 25	4 =		
	Yes, Complete Schedule I Part IV			1	
ŀ	y and the day dodon bod in this Zod! If "yes complete Calabillating and the first and	28a		X	
(A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? /f	28b	-	X	_
	res, " complete Schedule L. Part IV		١	1	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c	_	+-	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	-	_
	Contributions: If "Yes," Complete Schedule M			۱	
31		30	-	X	$\overline{}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	X	_
	Schedule N, Part II			١	
33	bid the organization own 100% of an entity disregarded as separate from the organization and the property of t	32	-	X	_
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? It is a section of the organization and the organization related to any tax-exempt or taxable entity?			١	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	X	_
	rear v, and i			l	
35 a	s a solution of charty within the meaning of section 5 (2)(6)(730)	34	X	_	_
b	if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a second to	35a	X	_	_
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2		17		
36	To the control of garing attentions. Did the organization make any transfers to an exempt non-charitable related	35b	X		-
	ii res, complete Schedule R. Part V. line 2				
37	5	36		X	_
	and that is treated as a partnership for federal income tax purposes? If "Vog " complete Oct. I is a second to the contract of				
88	and and organization complete Scriedule O and provide explanations on Schedule O for Part VI, lines 11b and 100	37		X	_
-	Note: All Form 990 filers are required to complete Schedule O				
Par	Statements Regarding Other IRS Filings and Tax Compliance	38	X		-
	Check if Schedule O contains a response or note to any line in this Part V				
	The first of the variety				Į,
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	V	Yes	No	-
þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				ĺ
C	bid the organization comply with backup withholding rules for reportable payments to vendors and reportable payments	10213	339		ĺ
	(gambling) winnings to prize winners?	-			
	12-21-23	1c	X		
	E	Form 9	99O (2023))

P	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	144	L	Page
			Ves	N
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	100	100	T
	filed for the calendar year ending with or within the year covered by this return			10
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	Т
3a	bid the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	13
b	of "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedulo O	3b	1	+
4 a	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	1		
	maricial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		2
Ь	res, enter the hame of the foreign country	70	11.00	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100		103
5a	was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	En	1	2
b	bid any taxable party notify the organization that it was or is a party to a prohibited tay shelter transaction?	5a 5b	\vdash	3
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		_	+
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c	_	⊢
	ally contributions that were not tay deductible as sharitable as stated as			١,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	-	X
	were not tax deductible?			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
а	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?	W.	100	XI.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
	to file Form 8282?			
d	to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the users."	7c	X	
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly a right with the control of the property o	-83	185	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
В	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.		1	Sell!
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0_	Section 501(c)(7) organizations. Enter:	178	1237	
a	Initiation fees and capital contributions included on Part VIII, line 12			
U	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:	10		
a	Gross income from members or shareholders	32		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	200	188	
	amounts due or received from them.)	1	1	
-a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
5	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	s the organization licensed to issue qualified health plans in more than one state?	120		
	Note. See the instructions for additional information the organization must report on Schedule O	13a	ALC: N	.6.0
b	Enter the amount of reserves the organization is required to maintain by the states in which the		150	
- (organization is licensed to issue qualified health plans	200		
c I	filer the amount of reserves on hand	-	100	
a [And the digatization receive any payments for indoor tanning convices during the terminal	100		77
b I	1 103, 11d3 it liled a FOITH 720 to report these navments? If "Alo " manufal a a control of the second of the seco	14a	\rightarrow	X
ı	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		_
ε	excess parachute payment(s) during the year?			
ŀ	excess parachute payment(s) during the year? "Yes," see the instructions and file Form 4720, Schedule N.	15	_	X
-	4720, Scriedle N.	Title V	TEST.	
l: It	s the organization an educational institution subject to the section 4968 excise tax on net investment income? "Yes," complete Form 4720, Schedule O.	16		X
		W- 1	188	11-1
+1	nat would recult in the imposition of an arriving the arriving the imposition of an arriving the imposition of a arriving the arriving the imposition of a arriving the arrivin			
114	"Ves." complete Form COCO.	17		
τι	nat would result in the imposition of an excise tax under section 4951, 4952 or 4953? "Yes," complete Form 6069.	17		

332005 12-21-23

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

-	Check if Schedule O contains a response or note to any line in this Part VI					X
Se	ction A. Governing Body and Management	J	******		Xet.	1
					Yes	No
1	Enter the number of voting members of the governing body at the end of the tax year	1a	17	340	100	140
	If there are material differences in voting rights among members of the governing body, or if the governing				1100	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				675	
- 1	Enter the number of voting members included as line to the second	1b 3	L 6	96		
2		ith any other		A po		ALW.
	officer, director, trustee, or key employee?	•		2	COCK	X
3	Did the organization delegate control over management duties customarily performed by or under the di	rect supervision	×	-		
	of officers directors trustees or key employees to a management company and the second		- 1	,		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?		3 4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	. 2		$\overline{}$		X
6	Did the organization bays members or stockhold-w-0			5 6		X
78	Did the organization have members, stockholders, or other persons who had the power to elect or appo	int one or	-	9	_	- 1
	more members of the governing body?			,_		Х
l b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	choldore or	H	7a	_	^
	persons other than the governing body?		Ι,	,		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:	-	b	-	A
а		the following.		-	х	100
b	Each committee with authority to act on behalf of the governing body?	***********************	15	Ba	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at the	- ⊢°	3b	^	_
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		Ι.	,		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven		نط	9		
	The state of the s	de Code.)		1	v I	
10a	Did the organization have local chapters, branches, or affiliates?		10		Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapt	ers affiliates		Ja	-	
	and branches to engure their engerties and a second of the		10	.		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	-	1a	х	-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			d	42	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	20	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to d	onflicts2	12	\neg	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe	112	-0	-	
	on Schedule O how this was done	describe	12	,	x	
13	Did the organization have a written whistleblower policy?		-		X	_
14	Did the organization have a written document retention and destruction policy?		14		X	_
15	Did the process for determining compensation of the following persons include a review and approval by	independent		88	-	5,1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	паоронасть			620	
а	The organization's CEO, Executive Director, or top management official		15		х	
b	Other officers or key employees of the organization				X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	***************************************	15			7405
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a	N. V		118	
	taxable entity during the year?		10		-	х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	narticination	16		0.0	21
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizati	on's	165			
	exempt status with respect to such arrangements?		16		-	
Sec	tion C. Disclosure		10	U I		
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 98	90-T (section 501(c)(3)s only	v) av	ailabl	
	for public inspection. Indicate how you made these available. Check all that apply.	(0000.0 00 / (0)(0	,5 OI II;	y, uv	allabi	C
	X Own website Another's website X Upon request Other (explain on s	Schedule (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest noticy an	ıd fina	ıncia	ıt	
	statements available to the public during the tax year.			iold	.,	
20	State the name, address, and telephone number of the person who possesses the organization's books a	nd records				
	MICHELLE TAN - 323-539-2161					
	342 N. SAN FERNANDO ROAD, LOS ANGELES, CA 90031					_
332006	12-21-23		For	rm 9	90 (2	023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	Ť	ganization compensated any current officer, director, or trustee. (C) (D) (E)							
Name and title	Average			Pos	sitio	n			(E)	(F)
	hours per	(d	do not check more that ox, unless person is b				one	Reportable compensation	Reportable	Estimated
	week	of	officer and a			or/tru	stee)	from	compensation from related	amount of
	(list any	ector						the	organizations	other compensation
	hours for	or director		1	1	paj		organization	(W-2/1099-MISC/	from the
	related	in the	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	S	onalt	1	ploye	COM	1	1099-NEC)		and related
	below line)	Individual	nstitutional trustee	Officer	Key employee	Highest compensated	Former			organizations
(1) J. PATRICK MCCLENAHAN	50.00	=	=	5	3	王島	요			
PRESIDENT & CEO	2.00	+		x				702 747		
(2) CRAIG LEVRA	25.00	╁	-	A	-	\vdash		703,747.	0.	45,280
EXECUTIVE VICE PRESIDENT & COO	25.00	1		x				271 000	001 000	
(3) ELIZABETH SCHWALBACH	40.00	\vdash	-	A	\vdash		\vdash	271,060.	271,060.	24,838.
CHRO	10.00	1			х			267 756	66.000	
(4) JOHN DELL	50.00	\vdash			A	\vdash	\vdash	267,756.	66,939.	46,480.
VP OF IT	0.00	1				x		105 550	_	25 252
(5) JILLIAN SOTO	50.00	\vdash	-			Δ	\vdash	195,559.	0.	37,273.
DIRECTOR OF HR LEAVE MANAGEMENT	0.00	1				х		177,183.		24 000
(6) MICHELLE R. TAN	50.00					-	\dashv	1//,103.	0.	34,273.
CONTROLLER	0.00			1		х		188,301.	0	4 120
(7) SHARAT S. SURVE	50.00						\dashv	100,301.	0.	4,130.
SR. DIRECTOR, FINANCE & BUS STRATEGY	0.00					x		179,739.	0.	0 175
(8) JESSICA C. RODRIGUEZ	50.00	Г						110,130.	0.	8,175.
WCD REG IMPACT OFFICER INLAND EMP.	0.00	1				x		162,061.	0.	21 720
(9) JEANELLE ARIAS	50.00						7	102,001.	0.	21,738.
CFO (THRU 03/2023)	0.00			x				167,513.	0.	762
(10) ALBERT W. KIM	50.00			\exists			7	107/3131	0.	762.
CFO (AS OF 06/2023)	0.00			x				141,722.	0.	105
(11) RICHARD VILLA	1.00	П							0.	105.
CHAIR	1.00	x		х				0.	0.	0.
(12) JOHN HWANG	1.00								- 0.	0.
VICE-CHAIR	1.00	x		x				0.	0.	0
(13) PETER STARRETT	1.00		\neg		\neg		\neg	- 0.	0.	0.
FREASURER	1.00	х		хl				0.	0.	0
(14) SUSAN H. STROMGREN	1.00		\neg		\neg	\neg	\neg		0.	0.
SECRETARY	1.00	x		хl				0.	0.	0
15) ADEOLA ADESEUN	1.00				\dashv	1	\top	- 0.		0.
DIRECTOR	0.00	х						0.	0.	0
16) DAVID M. AMAR	1.00		\neg	1	\neg				- 0.	0.
DIRECTOR	0.00	х						0.	0.	0.
17) JERYL BOWERS	1.00				\top				- 0.	<u> </u>
IRECTOR	0.00	x	- 1	- 1	- 1	- 1	- 1	0.	0.	

Part VII Section A. Officers, Directors, Tru (A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per week Position (do not check more ti box, unless person is officer and a director.						an	Reportable compensation from	Reportable compensation	Estimated amount of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) DRUCILLA GARCIA-RICHARDSON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(19) DIANA INGRAM DIRECTOR	1.00	X						0.	0.	0.
(20) KATHLEEN C. JOHNSON DIRECTOR	1.00	х						0.	0.	0.
(21) JACK E. KAUFMAN DIRECTOR	1.00	х						0.	0.	0.
(22) LAURENCE MIDLER DIRECTOR	1.00	х						0.	0.	0.
(23) THOMAS MURNANE DIRECTOR	1.00	х						0.	0 •	0.
(24) PAUL REINER DIRECTOR	0.00	х						0.	0.	0.
(25) DANIEL RENDLER DIRECTOR	1.00	х						0.	0.	0.
26) STEPHANIE SOTO-PELL DIRECTOR (AS OF 06/2023)	1.00	X						0.	0.	0.
1b Subtotal			00.000	corr				2,454,641.	337,999.	223,054.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							0. 2,454,641.	0. 337,999.	0. 223,054.

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

35

		1 62	140
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			JW
line 1a? If "Yes," complete Schedule J for such individual	3	3	Х
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		100	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	x	L3: engra
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			U.S.
rendered to the organization? If "Yes," complete Schedule J for such person	5		x
	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

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.

(A) Name and business address	(B) Description of services	(C) Compensation
GOODWILL RETAIL SERVICES, 342 N. SAN		
FERNANDO ROAD, LOS ANGELES, CA 90031	CONTRACTED SERVICES	53,941,383.
PENA COMMERCIAL BUILDERS INC.	LAND & BUILDING	
3616 MAXSON ROAD, EL MONTE, CA 91732	IMPROVEMENTS	2,411,718.
GSG PROTECTIVE SERVICES, 4001 INGLEWOOD		
AVENUE BUILDING 101, SUITE 382, REDONDO	TEMP LABOR SERVICES	1,692,957.
UNIVERSAL WASTE SYSTEMS INC.		
P.O. BOX 15069, WHITTIER, CA 90605	WASTE SERVICES	1,015,474.
ACCURATE HEATING AND AIR CONDITIONING LLC,	HVAC REPAIRS AND	
10808 FOOTHILL BOULEVARD, SUITE 160-420,	SERVICE	611,386.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	Military display
\$100,000 of compensation from the organization 15		

SEE PART VII, SECTION A CONTINUATION SHEETS

Section A. Officers, Directors, Tr	mpl	oyee	s, a	nd I	High	age (continued)	1641441						
Part VII Section A. Officers, Directors, Tr (A)	(B)			- (C)		231	(D)	(D) (E)				
Name and title	Average	Position					Reportable	_/	(F)				
	hours	1 6	heci				dy)	compensation	Reportable	Estimated			
	per	F,	T	1	T	T	/iy/	from	compensation	amount of			
	Week	1		lπ	l .				from related	other			
	(list any	Þ	1			lo ye		the	organizations	compensation			
	hours for	ilec	1		1	E		organization	(W-2/1099-MISC)	from the			
	related	9 9	tee			sated	1	(W-2/1099-MISC)		organizatio			
	organizations	nste	trus		e e	Den				and related			
	balant	la T	опа		ploye	E 0.0	1 1			organization			
	below	Ę	Institutional trustee	Olficer	Key employee	Highest compensated employee	Former						
071 VOD 6711	(list any hours for related organizations below line)	Ē	E S	ll I	Š.	Η	For						
27) MORGAN W. ST. JOHN	1.00												
IRECTOR (THRU 09/2023)	0.00	X						0.	0.				
28) TERRY TAKEDA	1.00												
IRECTOR	0.00	Х						0.	0.				
								- 0.	U .				
				\dashv	-	-	-						
				- 1			- 1						
			- 1										
		\dashv	\dashv	-	\dashv	-	-						
						- 1							
				7			\top						
			4	4	4	_							
			- 1	- 1		- 1							
		=	\dashv	+	\dashv	+	+						
						- 1			1				
		+	-	+	4	4	4						
					1			1					
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		1											
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		+	+	+	+	-	+						
				1									
					1		\top						
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_		_	Check if Schedule O contains a response	or note to any lin	e in this Part VIII	NAMES OF THE PARTY		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	Lywer Similar Amounts	1 a b d e f	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 16 17 18 19 19 10 10 11 11 11 11 11 11 11 11 11 11 11	9,313,709. 113,636,958. 106,350,000.				
Ö		V.5	Total. Add lines 1a-1f	,,	122950667.	form of		
				Business Code	142930007.			
به	1	2 a	GOODWILL RETAIL STORES	459510	150653417.	150653417		Color Color
Program Service		b	CONTRACT DEPARTMENT	561300	7,688,639.	150653417.		
Sel		С	WORKFORCE DEVELOPMENT	561300	4,469,920.	7,688,639.		
E		d	MATERIAL COLLECTION & HANDLING PR	561499	63,373.	4,469,920.		
ga	1	е			03,373.	63,373.		
ď		f	All other program service revenue					
		q	A CALLED STATE OF A CALL OF A CALL THE CONTROL OF THE CALL OF THE		162875349.			
	3	,	Investment income (including dividends, intere	st and	102073349.			1.3
	4 5		other similar amounts) Income from investment of tax-exempt bond p Royalties		1,391,427.			1391427.
		c d	(i) Real (37,453	(ii) Personal	37,453.			37,453.
Other Revenue		С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	12,997.				
Æ	_	d	Net gain or (loss)		12,997.			12,997.
Othe		b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b	- EA				
		c I	Net income or (loss) from gaming activities					
	10	a (Gross sales of inventory, less returns and allowances 10a	8				
		b l	Less: cost of goods sold 10b	I I				
_	į	c I	Net income or (loss) from sales of inventory					
2				Business Code		Actor Statement	100000000000000000000000000000000000000	
Miscellaneous Revenue	11 (a (OTHER	561499	814,912.			814,912.
en de	-	· -						014,014.
is de		3						
N N	(1 A	All other revenue					
= 1		<u> </u>	Total, Add lines 11a-11d		814,912,	THE RESERVE		Party American
1	2	T	otal revenue. See instructions		288082805.	162875349.	0.	2256789.
32009	12-2							orm 990 (2023)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses Do not include amounts reported on lines 6b, (B) Program service (C) (D) Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3,569,523. 3,569,523. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 1,647,548. 1,310,486. 337,062. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 31,500,801. 26,419,868. 4,473,167. 607,766. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 124,329. 81,937. 32,987. 9,405. Other employee benefits 9 2,650,286. 2,122,460. 436,484. 91,342. 10 Payroll taxes 2,422,618. 1,973,068. 378,802. 70,748. 11 Fees for services (nonemployees): a Management **b** Legal 261,271. 117,724. 142,547. 1,000. c Accounting 182,182. 15,000. 167,182. d Lobbying 14,266. 14,266. e Professional fundraising services. See Part IV, line 17 317,464. 317,464. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 59,163,087. 57,258,772. 1,822,464. 81,851. Advertising and promotion 12 685,864. 81,762. 154,571. 449,531. Office expenses 3,525,578. 13 3,468,109. 54,195. 3,274. Information technology 14 2,760,270. 2,610,146. 124,418. 25,706. 15 Royalties Occupancy 16 44,590,118. 43,783,912. 709,541. 96,665. 17 Travel 2,445,238. 2,367,052. 72,035. 6,151. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 202,207. 139,667. 56,675. 5,865. 20 2,805. 2,805. Payments to affiliates _____ 21 202,204. 202,204. 76,266. Depreciation, depletion, and amortization 22 3,046,884. 2,950,787. 19,831. 23 3,149,423. 1,856,503. 1,271,714. 21,206. Other expenses. Itemize expenses not covered 24 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.) COGS 105,654,716.105,654,716. b DISPOSAL COSTS 2,011,100. 2,011,100. c BANK FEES 1,950,358. 1,802,026. 146,589. 1,743. d COMMUNICATION EXPENSES 1,172,191. 1,137,416. 28,997. 5,778. e All other expenses 94,265. 53,355. 25,380. 15,530. Total functional expenses. Add lines 1 through 24e 273,346,596.259,477,708. 11,700,970. 2,167,918. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

PE	IIT X	Balance Sheet			0.1
		Check if Schedule O contains a response or note to any line in this Part X	***************************************		
	4		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	27,996,758.	1	17,677,892
	2	Savings and temporary cash investments	411+1	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-3,463,171.	4	-3,365,559
	5	Loans and other receivables from any current or former officer, director,	former bliefore		
	1	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	W22	5	
	6	Loans and other receivables from other disqualified persons (as defined		9118	
	١.	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	X4440	6	
ets	7	Notes and loans receivable, net	375	7	
Assets	8	Inventories for sale or use	13,134,412.	8	15,211,882
	9	Prepaid expenses and deferred charges	2,010,014.	9	5,079,232
	lua	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 83,692,34		12/2	
	11	100 02,135,00		10c	20,936,742
	12	Investments - publicly traded securities	14,119,413.	11	30,405,488
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11		12	
	14			13	
	15		96,896,713.	14	06 252 005
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	172,104,974.	15	96,353,825
	17	Accounts payable and accrued expenses	24,615,960.	16	182,299,502
	18	Grants payable	Z4,013,900.	17	21,497,650
	19	Deferred revenue	***	18	
	20	Tax-exempt bond liabilities	***	19 20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
0	22	Loans and other payables to any current or former officer, director,		21	
		trustee, key employee, creator or founder, substantial contributor, or 35%		MO	
Liabilities		controlled entity or family member of any of these persons	THE STREET HE STREET	22	
3	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		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	102,899,524.	25	99,474,391
_	26	Total liabilities. Add lines 17 through 25	127,515,484.	26	120,972,041
,		Organizations that follow FASB ASC 958, check here		(17,10)	
Net Assets of Fund balances		and complete lines 27, 28, 32, and 33.			
		Net assets without donor restrictions		27	54,426,383
Ĭ	28	Net assets with donor restrictions	7,266,022.	28	6,901,078
Ĭ		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.		PATE.	
3	29	Capital stock or trust principal, or current funds		29	
;	30	Paid-in or capital surplus, or land, building, or equipment fund	***)	30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
1	32	Total net assets or fund balances		32	61,327,461
_	33	Total liabilities and net assets/fund balances	172,104,974.	33	182,299,502

Da	WVI B	,,,	T04T44T	Pa	ge 14
Pa	rt XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI		MARKATAN PARTATON	(00.0)	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	288,08	2,8	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	273,34		
3	Revenue less expenses. Subtract line 2 from line 1	3	14,73	5,2	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,589		
5	Net unrealized gains (losses) on investments	5	2,00		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3,9	26.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
-	column (B))	10	61,32	7.4	61.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		FIDS		1 3
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O,.	1265	110	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1,20		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	a a mora tra mora con	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	127	5.4	-100
	consolidated basis, or both:				
	Separate basis X Consolidated basis				
С	If "Yes" 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?		2c	\mathbf{x}	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.		15	3.5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
D	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	\mathbf{x}	
					2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Employer identification number 95-1641441

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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.)

S	ection A. Public Support		and outsplotter are				
Ca	lendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	[(6) T-4-1
-	Gifts, grants, contributions, and			(0) 2021	(u) 2022	(e) 2023	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	101218155	64751988.	112866249	124615508	122950667	526402567
2	? Tax revenues levied for the organ-					222330007	320402307
	ization's benefit and either paid to		1				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				li i		
	the organization without charge						
4	Total. Add lines 1 through 3	101218155	64751988.	112866249	124615508	122950667	526402567
5					121013300	122330007	520402567
	by each person (other than a						
	governmental unit or publicly			1 5 5 5 5 1 S av			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	A STATE OF THE STA					
6	Public support. Subtract line 5 from line 4.						526402567
	ction B. Total Support					A 100 A	320402367
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(6) T-1-1
	Amounts from line 4	101218155	64751988.	112866249	124615508	(e) 2023	(f) Total
	Gross income from interest,				121013300	122330007	320402367
	dividends, payments received on	1		1			
	securities loans, rents, royalties,						
	and income from similar sources	698,170.	301,617.	276,727.	270 300	1391427.	2938340.
9	Net income from unrelated business				210,333.	1331421.	2930340.
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	528,338.	423.692.	549,837.	430 027	914 012	2746006
11	Total support. Add lines 7 through 10		12070921	345,057.	430,027.		2746806.
	Gross receipts from related activities,	etc. (see instruction	ne)		RESULTED CAREFUS		532087713
	First 5 years. If the Form 990 is for th			ourth or fifth tay w		12	
	organization, check this box and stop						
Sec	tion C. Computation of Public	c Support Perc	centage	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Public support percentage for 2023 (li			nlumn (fl)		14	98.93 %
15	Public support percentage from 2022	Schedule A. Part II	line 14	Sidiffit (1))	***************************************		00 01
16a	33 1/3% support test - 2023. If the o	rganization did not	check the box on	line 13 and line 1.	4 is 33 1/20/ or ma	15	99.04 %
	stop here. The organization qualifies a	as a publicly suppo	rted organization				
b	33 1/3% support test - 2022. If the o			ne 13 or 16a and li	ino 15 in 22 1/20/		X
	and stop here. The organization quali	fies as a publicly su	innorted organizat				
17a	10% -facts-and-circumstances test				12 150 04 155 04	al C 44 . 400/	
	and if the organization meets the facts	and-circumstance	s test check this k	ovand stan have	is, iba, or ibb, an	id line 14 is 10% o	r more,
	meets the facts-and-circumstances tes	st. The organization	i dualifies as a sub	Jun and Stop nere	anization		
b	10% -facts-and-circumstances test	- 2022 f the orga	nization did not at	mory supported org	janization	***************************************	
	more, and if the organization meets the	e facts-and-circums	stances test shoot	this box and line	13, 16a, 16b, or 17	a, and line 15 is 1	U% or
	organization meets the facts-and-circul	mstances test. The	Organization and	viilla DUX ANU STO	ıp nere, Explain in	rart VI how the	
18	Private foundation. If the organization	1 did not check a h	organization qual	16b 17a a- 17b	opported organiza	tion	
	The organization	a riot dileon a Di	on on mie 15, 16a,	100, 17d, 01 1/b,	check this box and		
						Schedule A (orm 990) 2022

Schedule A (Form 990) 2023 CALIFORNIA 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

Se	ection A. Public Support	below, please com	piete Part II.)				
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2022	(O Tabal
	Gifts, grants, contributions, and		ID/ LOCO	(0) 2021	(u) 2022	(e) 2023	(f) Total
	membership fees received. (Do not				1		
	include any "unusual aranta "\		1				
2					ļ		
_	merchandise sold or services per-	1					
	formed, or facilities furnished in	1					
	any activity that is related to the				0		
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ľ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		1			1	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6							
	Total. Add lines 1 through 5						
7 2	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
_8	Public support. (Subtract line 7c from line 5.)			DEAL STORY	The state of the state of	A CONTRACTOR OF THE	
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6			- 741		1-7	(i) rotar
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,					1 1	
	and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 20, 1075						
_	7711000000 B						
11	Add lines 10a and 10b Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fire	st, second, third, fo	ourth, or fifth tax ve	ear as a section	501(c)(3) organization	`
	check this box and stop here					oo i(c)(o) organizatioi	', <u> </u>
Sec	tion C. Computation of Public	Support Perc	centage			*********************	
15	Public support percentage for 2023 (lir	ne 8, column (f), div	vided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2022	Schedule A. Part II	I. line 15			16	/ 6
Sec	tion D. Computation of Invest	ment Income	Percentage			1 101	70
17	Investment income percentage for 202	23 (line 10c, colum	n (f), divided by line	e 13, column (f))		17	<u> </u>
18	Investment income percentage from 2	022 Schedule A, P	Part III, line 17			18	<u>%</u>
19a :	33 1/3% support tests - 2023. If the	organization did no	ot check the box or	line 14, and line 1	15 is more than '	33 1/3% and line 17	is not
	more than 33 1/3%, check this box and	stop here. The c	organization qualifie	es as a publicly sur	poorted organiza	ation	13 1101
b S	33 1/3% support tests - 2022. If the	organization did no	t check a box on li	ine 14 or line 19a	and line 16 is ma	ore than 33 1/30/ on	d
- 1	ine 18 is not more than 33 1/3%, chec	k this box and sto	p here. The organi	ization qualifies as	a publicly supp	orted organization	
20 1	Private foundation. If the organization	did not check a b	ox on line 14, 19a	or 19b, check this	box and see in	structione	
32023	12-21-23			- 100, OHOUR BIIS	DON WING SEC III	arustions	

Part IV | Supporting Organizations

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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

3.14	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		24
9a		
9b		
9c		25
10a		¥ 15
10b A (Form		

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chedule A	(Form 990) 2023	CALIFORNI	A		
WI tree	Supporting Organ	nimetione	7200	_	

P	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	HIP T		156
ē	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	ALC: V		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
500	detail in Part VI. Stion B. Type I Supporting Organizations	11c		
	on 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	100	Yes	No
ē	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(c)			1 2
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		AUG	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	(A.A.)	OL BUILD	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		19884	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	THE IS	Mary Co.	
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	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		AT Y	
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Dilli.		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	25.	Sec. 1	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	200	Part of	
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		100	
	significant voice in the organization's investment policies and in directing the use of the organization's	2000		
	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.		BY.	1.30
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			_
а	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structions	1	
2	ACTIVITIES TEST. Answer lines 2a and 2b below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		335 ji	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		170	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	512	Salva P	
	how the organization was responsive to those supported organizations, and how the organization determined		100	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	47 11 1	- 17	明
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	2 6 9		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	83,75	12-9	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		w 4 3	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	17.01	18	5
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	KUAS .		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	95-1641441 Page
1	Check here if the organization satisfied the Integral Part Test as a qualif	ving trust on N	lov 20 1070 /	D-41/10 0 1 1 1
	All other Type III non-functionally integrated supporting organizations m	ust complete :	Sections A through F	Part VI). See instructions.
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		COLUMN TO THE PROPERTY OF THE PARTY OF THE P	ENVIOLE SERVICE
-	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	2100	M ZÁR IMUSANI PER	
_	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount	1 0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	3	200	
	emergency temporary reduction (see instructions).	6	State of Parkers	
7	Check here if the current year is the organization's first as a non-functional		F 101	
	instructions).	ny mitegrated	rype III supporting organi	zation (see

Schedule A (Form 990) 2023

Section D - Distributions	9(a)(3) Supporting Orga			Current Veer
1 Amounts paid to supported organizations to accomplish ex-	empt purposes		1	Current Year
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supported		 ' 	
organizations, in excess of income from activity	F- Far basse of embhorized			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organizations		2	
4 Amounts paid to acquire exempt-use assets	se si sepported organizations	<u>'</u>	3 4	
5 Qualified set-aside amounts (prior IRS approval required - p.	rovide details in Part VII)		5	
6 Other distributions (describe in Part VI). See instructions.	OVIDE OCIAIIS III I DIE VI		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which t	he organization is responsive			
(provide details in Part VI). See instructions.	organication to responsive			
9 Distributable amount for 2023 from Section C, line 6			8	
10 Line 8 amount divided by line 9 amount			9	
	(i)	/!:\	10	
ection E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6		35 THE 16 THE	100	
2 Underdistributions, if any, for years prior to 2023 (reason-				See Belleville
able cause required - explain in Part VI). See instructions.			100	
3 Excess distributions carryover, if any, to 2023		U.S. ROOM OTHER	KEU .	
a From 2018	MAN TO SERVER 18 18 18 18 18 18 18 18 18 18 18 18 18	LUCK SALES	203	
b From 2019	Many Market Branch Street			
c From 2020	STACHES IN SECURIOR	SHIPLE TO KEN	S. O. A. Print	1/4/2019
d From 2021			1107-72	
e From 2022			E 24 7	
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				A CONTRACTOR OF THE PARTY OF TH
h Applied to 2023 distributable amount	St. 6-74 or 1 1/2 5/2 5/2 1/2		100	
i Carryover from 2018 not applied (see instructions)			7577	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D,			TS:	THE STREET AND ADDRESS OF THE PARTY.
line 7:			M TILE	
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount			UE9	
c Remainder. Subtract lines 4a and 4b from line 4.			122	A JIP STATE OF
Remaining underdistributions for years prior to 2023, if	VS - CY TO SYLP UT THE S			Dec 10 Harris
any. Subtract lines 3g and 4a from line 2. For result greater			130	
than zero, explain in Part VI. See instructions.			11/	
Remaining underdistributions for 2023, Subtract lines 3h		THE STREET WAS	VS	
and 4b from line 1. For result greater than zero, <i>explain in</i>			7115	
Part VI. See instructions.			17.5	
Excess distributions carryover to 2024. Add lines 3j		7080 E8 NO SS	TO BUT	
and 4c.			THE P	
Breakdown of line 7:		At he of the		CONTRACT IN
a Excess from 2019				3 3 3 1 3
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				A CANADA SA MANA
e Excess from 2023			-	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CALIFORNIA 95-1641441 Page 8
Tappionistical initiation. Provide the explanations required by Port II, line 10, Doubling to
line 1; Part IV. Section D. lines 2 and 3; Part IV. Section E. lines 1; On the line 1; Part IV. Section B, lines 1 and 2; Part IV, Section C,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING EVENTS
2019 AMOUNT: \$ 33,091.
OTHER INCOME
2021 AMOUNT: \$ 549,837.
2022 AMOUNT: \$ 430,027.
2023 AMOUNT: \$ 814,912.
INSURANCE PROCEEDS
2019 AMOUNT: \$ 495,247.
2020 AMOUNT: \$ 423,692.

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

GOODWILL INDUSTRIES OF SOUTHERN

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990) (2023)

	CALIFORNIA	95-1641441
Organization type (check	sone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c	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	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling	\$5,000 or more (in money or
property) from an	y one contributor. Complete Parts I and II. See instructions for determining a contributor's	total contributions.
pecial Rules		
₩ -		
X For an organization	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support te	st of the regulations under
contributor, during	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
or (ii) Form 990-E2	g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) For I, line 1. Complete Parts I and II.	orm 990, Part VIII, line 1h;
contributor, during	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from arg the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie	y one
literary, or educati	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ent	ntific,
"N/A" in column (l	o) instead of the contributor name and address), II, and III.	ering
For an organizatio	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	V and contributor during the
year, contributions	s <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled mor	e than \$1 000. If this box
is checked, enter	nere the total contributions that were received during the year for an exclusively religious.	charitable, etc.
purpose. Don't co	mplete any of the parts unless the General Rule applies to this organization because it re	ceived
religious, charitabl	e, etc., contributions totaling \$5,000 or more during the year	\$
aution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For	m 990) but it must
iswer "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. P	art I. line 2. to certify
at it doesn't meet the filin	g requirements of Schedule B (Form 990).	, = , 10 00 my
r Paperwork Reduction Act	Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2)

Name of organization GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Employer identification number

95	-1	6	4	1	4	4	1
----	----	---	---	---	---	---	---

Part I	Contributors (see instructions). Use duplicate copies of Part I		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$,496,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
452 12-26-23		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
GOODWILL INDUSTRIES OF SOUTHERN
CALIFORNIA

Employer identification number

95-1641441

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule	B (Form 990) (2023)		14
Name of C GOODW CALIF	organization TLL INDUSTRIES OF SOUTH ORNIA Exclusively religious, charitable, etc., contribu	tions to organizations described in section	Employer identification number $95-1641441$ $9501(c)(7), (8), or (10) that total more than $1,000 for the year$
	from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less to	or organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	*
	Transferee's name address as	nd 7ID . 4	5.10

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organiza 				
Name of organization GOODWII	L INDUSTRIES OF	SOUTHERN	Em	ployer identification number
CALIFOR	RNIA			05 16/1//1
Part I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
 Provide a description of the organia Political campaign activity expendia Volunteer hours for political campa 	tures			\$
Part I-B Complete if the org	ganization is exempt und	der section 501(c	1(3).	
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955		\$
2 Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5	†
3 If the organization incurred a section	in 4955 tax, did it file Form 472	0 for this year?		Vec No.
4a Was a correction made?				Yes No
bill res, describe in Part IV.				
Part I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 501(c	c)(3).
1 Enter the amount directly expended	by the filing organization for s	ection 527 exempt fun	ction activities	\$
2 Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for	section 527	
exempt function activities	***************************************	*************************		
3 Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-PO	L,	
line 17b			***************************************	5
4 Did the filing organization file Form	1120-POL for this year?			Vec No
5 Enter the names, addresses, and er made payments. For each organizar contributions received that were pro- political action committee (PAC). If a	nployer identification number (betting the state) tion listed, enter the amount pactoring and directly delivered to	=IN) of all section 527 p id from the filing organ a separate political ore	political organizations to which ization's funds. Also enter the panization, such as a separate	ch the filing organization
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	and the second			
			4	

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023	CALIFORNIA		2001112144	95-	1641441 Page 2
Part II-A Complete if the or section 501(h)).	ganization is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	zation belongs to an af	filiated group (and list	in Part IV each affiliated	d group member's nam	ie, address, EIN,
expenses, and sn	are of excess lobbying	expenditures).			
B Check if the filing organize	ation checked box A a	and "limited control" pr	ovisions apply.		
Lin (The term "expe	nits on Lobbying Expo nditures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinion	(grassroots lobbying)		0.	0.
b Total lobbying expenditures to in	fluence a legislative bo	dy (direct lobbying)	************************	14,266.	
 Total lobbying expenditures (add 	lines 1a and 1b)		***************************************	14,266.	
d Other exempt purpose expenditu	res			259477708.	
 Total exempt purpose expenditur 	es (add lines 1c and 1c	d)(d)		259491974.	
f Lobbying nontaxable amount. En	ter the amount from th	e following table in bot	th columns.	1,000,000.	
If the amount on line 1e, column (a)	About 10 miles	obying nontaxable an		CTOTAL EINE TORK	2/00/07/0001
not over \$500,000,		the amount on line 1e	• 1		
over \$500,000 but not over \$1,00		00 plus 15% of the exc	cess over \$500,000.		
over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17		00 plus 5% of the exce	ess over \$1,500,000.		
over \$17,000,000,	\$1,000	000.			
g Grassroots nontaxable amount (el	nter 25% of line 1f)		***************************************	250,000.	250,000.
h Subtract line 1g from line 1a. If ze				0.	0.
i Subtract line 1f from line 1c. If zer		************************	***************************************	0	0.
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this		*************************			Yes No
(Some organizations t	4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations t	See the senar	ate instructions for li	nave to complete all (of the five columns be	low.
(nditures During 4-Yea			
	LODDYING EXPE	Tultures During 4- Fea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
(150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	21,423.	9,206.	15,956.	14,266.	60,851.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250 000	1 000 000
e Grassroots ceiling amount	250,000.	230,000.	450,000.	250,000.	1,000,000.
(150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(1	b)
of the lobbying activity.	Yes	No	Amo	ount
 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? 				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)? c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Total. Add lines 1c through 1i				
a Did the activities in line it cause the organization to not be described in section 501(c)(3)?		1	S. COVIDA	383
b If "Yes," enter the amount of any tax incurred under section 4912	B * C . C		THE REAL PROPERTY.	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			A GARAGE	THE
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5), or sect	ion	
West of the Control o			Yes	No
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	**************	. 1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al	. 1		_
expenses for which the section 527(f) tax was paid).	aı	1838		
a Current year		2a		
Carryover from last year		2h		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1 - 1		
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS	580		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical	234		
expenditures next year?		4		
Taxable amount of lobbying and political expenditures. See instructions Int IV Supplemental Information		. 5		
vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group I cructions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); Part II-A,	lines 1 and	2 (see	

Schedule C	Affiliated Group Lobbying Expenditures	
	Part II -A	
Name of Affiliated Group Member GOODWILL RETAIL SERVICES		Employer ID Number 4 5 – 1 5 4 4 2 9 9
Affiliated Group Member Address 342 N. SAN FERNANDO ROAD LOS ANGELES, CA 90031		Electing Member NO

"				-
Limits on Lobbying Expendite	ures:			L
Total lobbying expenditures to	influence public opinion (grassro	oots lobbying)	0.	
Total lobbying expenditures to	influence a legislative body (dire	ect lobbying)	0.	
Total lobbying expenditures (ad	dd lines 1a and 1b)		0.	
Other exempt purpose expend	itures		53,941,384.	
Fotal exempt purpose expendit	tures (add lines 1c and 1d).		53,941,384.	
Lobbying nontaxable amount. Enter the amount from the follo	wing table:			
If the amount on line e is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
> 500,000 <= 1,000,000 > 1,000,000 <= 1,500,000 > 1,500,000 <= 17,000,000	175,000 + 10% > 1,000,000		R	
Over \$17,000,000	\$1,000,000		1,000,000.	
Grassroots nontaxable amount	(enter 25% of line 1f)		250,000.	
Subtract line 1g from line 1a (lin	nit to zero)		0.	
Subtract line 1f from line 1c (lim	it to zero)		0.	
Member's share of excess lobb	ying expenditures		0.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Inspection

GOODWILL INDUSTRIES OF SOUTHERN Name of the organization CALIFORNIA

Employer identification number 95-1641441

		(a) Donor advised funds	(b) Funda and ather
1	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
2	Total number at end of year Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year)		
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in wr	141	
•	are the organization's property subject to the organization's property	iting that the assets held in donor adv	vised funds
6	are the organization's property, subject to the organization's ex	control?	Yes No
Ü	Did the organization inform all grantees, donors, and donor adv	lisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or compermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the orga	piration appropriate West as Fermi 000	Yes No
1	Purpose(s) of conservation assembnts held by the supplies	//sala-language // / / / / / / / / / / / / / / / / /), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation Protection of natural habitat		of a historically important land area
		Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	d conservation contribution in the form	
_	• 2		Held at the End of the Tax Year
	Total number of conservation easements		
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic struct	ture included on line 2a	2c
d	Number of conservation easements included on line 2c acquire		
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by th	ne organization during the tax
	year		
4	Number of states where property subject to conservation easer		_
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it has	******************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above sa	itisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial staten	nents that describes the
_	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, 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 f	rutherance of public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these iter	ns
b	If the organization elected, as permitted under FASB ASC 958, t	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furt	herance of public service
	provide the following amounts relating to these items.	and the second s	included of public scrvice,
	(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 treasu	ires, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB ASC	. 958 relating to these items:	ar gain, provide
	Revenue included on Form 990, Part VIII, line 1		Φ.
b	Assets included in Form 990, Part X		
10	For Paperwork Reduction Act Notice, see the Instructions fo		
7A			Schedule D (Form 990) 2023

332051 09-28-23

Schedule D (Form 990) 2023

GOODWILL INDUSTRIES OF SOUTHERN

	nedule D (Form 990) 2023 CALIFOR art III Organizations Maintaining C	NIA		er felt et Stilloogst de			95-1	64144	1 Page
	1 - 3 - maintaining 0	ollections of Ar	t, Historical Tr	easures,	or Oth	er Simila	r Asse	ts (conti	nued)
3	9 - 9 undanom, accord	on, and other record	s, check any of the	following th	at make	significant	use of its	S	
	collection items (check all that apply).								
	Public exhibition	ď	l Loan or ex	change prog	gram				
	Scholarly research	6	Other						
	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organiza	tion's exe	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or ot	her simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of the	he organization's co	ollection?			Г	Yes	
Pa	reported an amount on Form 990, Par	gements Comple	te if the organizatio	n answered	"Yes" or	Form 990	, Part IV,	line 9, or	
16	a Is the organization an agent, trustee, custodia	an, or other intermed	diary for contribution	ns or other a	esets no	nt included			
	on Form 990, Part X?	,	,	0. 01,10, 1	200013 110	i incidaed	_	Yes	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	***************			2000000	res	N
			.ovg table.					Amoun	+
c	Beginning balance					10		7 1110011	
c	Additions during the year		***************************************	**************		1c			
e	Distributions during the year		***********************	************		10			
f	Ending balance		******************************	***********	*********	<u>1e</u>			
2a	Did the organization include an amount on Fo	rm 990 Part X line	21 for escrow or or	ustodial acc	ourst lieb	III		1	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ev	planation has been	ustodiai acc	Ount liab	ility?		Yes	⊢ N
Pa	rt V Endowment Funds Complete if	the organization ans	wered "Ves" on For	provided in	Part XIII	10			
3		(a) Current year	(b) Prior year	(c) Two ye			roose best	Live	
1a	Beginning of year balance	2,844,396.	2,716,049.			(d) Three y		_	years bac
b	- · · · · · · · · · · · · · · · · · · ·	4,011,050,	2,710,045.	2,00	9,048.	9,9	54,057.	4,	,297,922
c	at the contract of the contrac	422,919.	129 347					-	
d		422,313.	128,347.	4	7,001.	-7,0	79,733.	5,	656,135
_	Grants or scholarships								
е									
	and programs					2	05,276.		
f	Administrative expenses								
g	End of year balance	3,267,315.	2,844,396.	2,71	6,049.	2,6	69,048.	9	954,057
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:					
а	3	79.4400	_%						
b	Permanent endowment 17.4000	%							
C	Term endowment3.1600 %	ó							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held an	nd administe	red for th	ne			
	organization by:								Yes No
	(i) Unrelated organizations?	*************************						32(i)	X
	(ii) helated organizations?	7100000 - CT						20/11	X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	d on Schedule R?				***********	3b	
4	Describe in Part XIII the intended uses of the d	rganization's endow	ment funds.	*************			**********	COU [
Pai	t VI Land, Buildings, and Equipme	nt							
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. So	ee Form 990), Part X.	line 10a			
	Description of property	(a) Cost or oth	ner (b) Cost	or other	(c) A	ccumulate	d	(d) Book	value
12	Land	basis (investme			de	preciation			
				4,821.	0.0	24.4		2,034	
b	Buildings		47,96	0,054.	33,0	014,73	9. 1	4,945	,315.
С	Leasehold improvements								
	Equipment			7,687.		793,38		3,834	,306.
	Other		3,069	9,787.	2,9	947,48			,300.
otal	. Add lines 1a through 1e. (Column (d) must equ	ral Form 000 Boot V	line 10e eature ((CIV)				0,936	

CAL	TE	CO	BTT	-
LAI		CIN	I/I I	Δ

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(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(2) I SON VAILED	(c) Method of Valdation. Cost or end-of-year market value
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.	,	
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		The market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
	n Form 990, Part IV, line 1	1d. See Form 990. Part X line 15
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	
Complete if the organization answered "Yes" o	Description	(b) Book value
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 Description SE ASSET	(b) Book value 92,432,243
Complete if the organization answered "Yes" of (a) IT (1) OPERATING LEASE RIGHT OF U	Description	(b) Book value
Complete if the organization answered "Yes" or (a) I (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) [(1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3)	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) [1] (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4)	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4)	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5)	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7)	Description	(b) Book value 92,432,243
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X line 15, column (b) must equal Form 990, Part X line 9	SE ASSET	(b) Book value 92,432,243 3,921,582
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7)	SE ASSET	(b) Book value 92,432,243 3,921,582
Complete if the organization answered "Yes" or (a) [(1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Data. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	Description SE ASSET	(b) Book value 92,432,243 3,921,582
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X line 15, column (b) must equal Form 990, Part X line 9	Description SE ASSET	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered "Yes" of (a) I (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability	Description SE ASSET	(b) Book value 92,432,243 3,921,582
Complete if the organization answered "Yes" or (a) [1] (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Data. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	(B)) Form 990, Part IV, line 11	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEAD	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEAR	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197
Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEG (3) OPERATING LEASE RIGHT OF Use (4) LIABILITY	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEG (3) OPERATING LEASE RIGHT OF U: (4) LIABILITY (5)	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEX (3) OPERATING LEASE RIGHT OF U; (4) LIABILITY (5) (6)	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEAGE (3) OPERATING LEASE RIGHT OF U (4) LIABILITY (5) (6)	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, line 15, col.) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEX (3) OPERATING LEASE RIGHT OF U (4) LIABILITY (5) (6) (7)	Description SE ASSET (B)) The Form 990, Part IV, line 11 ASEBACK	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197
Complete if the organization answered "Yes" or (a) II (1) OPERATING LEASE RIGHT OF U (2) OTHER RECEIVABLES (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) DEFERRED GAIN ON SALE - LEAGE (3) OPERATING LEASE RIGHT OF U (4) LIABILITY (5) (6)	(B)) ASEBACK SE ASSET (B)) ASEBACK SE	(b) Book value 92,432,243 3,921,582 96,353,825 e or 11f. See Form 990, Part X, line 25. (b) Book value 999,197 98,475,194

Pa	t XI Reconciliation of Povenue per Audited Financi		95-1641441 Page
	rt XI Reconciliation of Revenue per Audited Financia Complete if the organization answered "Yes" on Form 990, Pa	I Statements With Revenue	per Return
1	Total revenue, gains, and other support per audited financial statemer	rt IV, line 12a.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11.5	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	0.50
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1000
е	Add lines 2a through 2d	75-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	2e
3	Subtract line 2e from line 1		3
4	7 arrounts included on Form 990, Part VIII, line 12, but not on line 1:		3
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 900, Part I li	ma 40 l	
Par	reconciliation of Expenses per Audited Financia	al Statements With Expense:	s per Return
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
D	Prior year adjustments	2b	6.00
C	Other losses	2c	
a	Other (Describe in Part XIII.)	2d	203
e	Add lines 2a through 2d	,	2e
0	Subtract line 2e from line 1	***************************************	3
-	, who dried meladed on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.: XIII Supplemental Information	line 18.)	5
lines 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	and 4; Part IV, lines 1b and 2b; Part I	/, line 4; Part X, line 2; Part XI,
	prov	de any additional information.	
PAR	ΓV, LINE 4:		
INT	ENDED USES OF ENDOWMENT FUNDS		
THE	INTENDED USE OF ENDOWMENT FUNDS IS	TO SUPPORT GENERAL	PROGRAM SERVICE
			THOUSEN DERVICE
OPE	RATIONS.		
	I W T TIME O'		
ARI	X, LINE 2:		
3 T B T	40 (200 540)		
TIM	48 (ASC 740) FOOTNOTE		
הוזות	ODGANIER MICH.	25.00	
HE	ORGANIZATION WAS ORGANIZED PURSUANT	TO THE GENERAL NON	PROFIT
ORE	ORATION LAW OF THE STATE OF CALIFOR	NIA. THE ORGANIZATI	ON HAS BEEN
ECU	GNIZED BY THE INTERNAL REVENUE SERV	<u>ICE AS AN ORGANIZAT</u>	ION THAT IS
ACI	PT FROM FEDERAL INCOME TAXES UNDER	SECTION $501(C)(3)$ O	F THE INTERNAL
32054 O	NUE CODE. THE ORGANIZATION HAS ALSO	BEEN RECOGNIZED BY	
,2004 US	«uzu		Schedule D (Form 990) 2023

(continued)
FRANCHISE TAX BOARD AS AN ORGANIZATION THAT IS EXEMPT FROM CALIFORNIA
FRANCHISE AND INCOME TAXES UNDER SECTION 23701D OF THE CALIFORNIA REVENUE
AND TAXATION CODE AND HAS QUALIFIED FOR THE WELFARE EXEMPTION FROM CERTAIN
GENERAL COUNTY REAL AND PERSONAL PROPERTY TAXES. HOWEVER, THE ORGANIZATION
IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE
OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES
FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN
RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS,
IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE CONSOLIDATED
FINANCIAL STATEMENTS TAKEN AS A WHOLE.
TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX-EXEMPT STATUS,
UNRELATED BUSINESS ACTIVITIES TAXABLE INCOME AND DEDUCTIBILITY OF
EXPENSES, AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED, AND
MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE
ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION.
ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR
UNCERTAIN TAX BENEFITS AS OF DECEMBER 31, 2023 AND 2022.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

Name of the organization

Department of the Treasury Internal Revenue Service

GOODWILL INDUSTRIES OF SOUTHERN

Employer identification number CALIFORNIA 95-1641441 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? _] No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (i) Name and address of individual

(iv) Gross receipts

or entity (fundraiser)	(ii) Activity	fundi have c or con contrib	ustody	from activity	to (or retained by) fundraiser listed in col. (i)	to (or retained by) organization
NCSVEHICLEDONATIONS.COM -		Yes	No			
1905 BRENTWOOD RD NE	VEHICLE DONATION	х		347,493.	130,820.	216 673
CHARITY AUTO DONATIONS - 366					130,020.	216,673.
SUNSET COURT, OAK VIEW, CA	VEHICLE DONATION	x		175,400.	126,714.	48,686.
CHARITABLE ADULT RIDES AND					220,722.	40,000.
SERVICES - 4669 MURPHY CANYON	VEHICLE DONATION	х		111,175.	33,747.	77 430
BLUE DAWG - 3810 5TH COURT					33,727.	77,428.
NORTH, BIRMINGHAM, AL 35222	MAIL SOLICITATION		x	96,660.	26,183.	70,477.
					0	
						2
Total				730,728.	317,464.	413,264.
3 List all states in which the organization or licensing.	on is registered or licensed to solid	cit contribu	tions o	or has been notified i	t is exempt from reg	istration
CA						
			_			
	_					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

LHA 332081 09-13-23

GOODWILL INDUSTRIES OF SOUTHERN

Schedule G (Form 990) 2023

CALIFORNIA

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		(a) Fromt #1			ots greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
ā		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts				
Re	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
es	5 Noncash prizes		-		
suac	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
	8 Entertainment				
-	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 throug	h 9 in column (d)			
	11 Net income summary. Subtract line 10 from	line 3, column (d)	NAME OF THE OWNER OWNER OF THE OWNER OWNE		
ra	ft III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
Т	\$15,000 Off FOrm 950-L2, line 6a.		(b) Pull tabs/instant		[45 -
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
eve					ooi. (a) amough coi. (c
-	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes			~	
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
Ī		Yes %	Yes %	Yes %	entering was an
	6 Volunteer labor	No	No		
1			I NO	No	
	7 Direct expense summary. Add lines 2 through		,		
	7 Direct expense summary. Add lines 2 through	n 5 in column (d)			
		n 5 in column (d)			
	 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization condu- 	n 5 in column (d) from line 1, column (d) acts gaming activities:			
a l	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as	from line 1, column (d)	states?		Yes No
a l	 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 	from line 1, column (d)	states?		Yes No
a l	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as	from line 1, column (d)	states?		Yes No
a l b l	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as f "No," explain:	from line 1, column (d) column (d) column (d) column (d) column (d)	states?		<i>-</i>
al bl	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as f "No," explain: Were any of the organization's gaming licenses re-	from line 1, column (d) cts gaming activities: ctivities in each of these servoked, suspended, or te	states?		<u> </u>
al bl	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as f "No," explain:	from line 1, column (d) cts gaming activities: ctivities in each of these servoked, suspended, or te	states?		<i>-</i>
al bl	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as f "No," explain: Were any of the organization's gaming licenses re-	from line 1, column (d) cts gaming activities: ctivities in each of these servoked, suspended, or te	states?		<i>-</i>
a a a a a a a a a a	7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conducts the organization licensed to conduct gaming as f "No," explain: Were any of the organization's gaming licenses re-	from line 1, column (d) cts gaming activities: ctivities in each of these servoked, suspended, or te	states?	ear?	<i>-</i>

GOODWILL INDUSTRIES OF SOUTHERN Schedule G (Form 990) 2023 CALIFORNIA 95-1641441 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a **b** An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **b** If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: (I) NAME OF FUNDRAISER: NCSVEHICLEDONATIONS.COM (I) ADDRESS OF FUNDRAISER: 1905 BRENTWOOD RD NE, WASHINGTON, DC 20018 (I) NAME OF FUNDRAISER: CHARITY AUTO DONATIONS (I) ADDRESS OF FUNDRAISER: 366 SUNSET COURT, OAK VIEW, CA 93022 (I) NAME OF FUNDRAISER: CHARITABLE ADULT RIDES AND SERVICES

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123

SCHEDULE G, PART I, LINE 2B - PROF. FUNDRAISER WITH CUSTODY OF CONTRIBUTION NCSVEHICLEDONATIONS.COM:

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA UTILIZES THE SERVICES OF A PROFESSIONAL FUNDRAISER TO OPERATE ITS VEHICLE DONATION PROGRAM (VDP). THE FUNDRASER MANAGES THE ENTIRE PROCESS: RECEIVES CALLS, ARRANGES FOR DELIVERY, REPAIRS, DMV SERVICES, INSURANCE AND SALE OF THE VEHICLE (USUALLY BY AUCTION). GOODWILL AND THE FUNDRAISER SHARE IN THE NET PROFITS OF THE VEHICLES. DURING THE CURRENT YEAR, GROSS RECEIPTS WERE \$347,493. THE FUNDRAISER RETAINED \$72,224 FOR ADMINISTRATIVE SERVICES INCLUDING THEIR SHARE OF NET PROFITS, AND \$58,596 FOR AUCTION AND TOWING COSTS.

CHARITABLE ADULT RIDES AND SERVICES:

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA UTILIZES THE SERVICES OF A PROFESSIONAL FUNDRAISER TO OPERATE ITS VEHICLE DONATION PROGRAM (VDP). THE FUNDRASER MANAGES THE ENTIRE PROCESS: RECEIVES CALLS, ARRANGES FOR DELIVERY, REPAIRS, DMV SERVICES, INSURANCE AND SALE OF THE VEHICLE (USUALLY BY AUCTION). GOODWILL AND THE FUNDRAISER SHARE IN THE NET PROFITS OF THE VEHICLES. DURING THE CURRENT YEAR, GROSS RECEIPTS WERE \$111,175. THE FUNDRAISER RETAINED \$19,305 FOR ADMINISTRATIVE SERVICES INCLUDING THEIR SHARE OF NET PROFITS, AND \$14,442 FOR AUCTION AND TOWING COSTS.

CHARITY AUTO DONATIONS:

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA UTILIZES THE SERVICES OF A

SCHEDULE (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection OMB No, 1545-0047

Employer identification number

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

CALIFORNIA

Part I Gen	Part I General Information on Grants and Assistance	nd Assistance						95-1641441
1 Does the	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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance and the selectiv	5
	criteria used to award the grants or assistance?	tance?					statice, and the selection	No.
2 Describe ii	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant	funds in the United	States.]
_	urants 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.	Jomestic Organiz 5,000. Part II can	rations and Domestic be duplicated if addition	c Governments. Conal space is need	complete if the organd.	anization answered "\	es" on Form 990, Part	IV, line 21, for any
1 (a) Name	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					æ			
2 Enter total r	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	d government organisted in the line 11	anizations listed in the table	line 1 table				911011101110111011101110111011101110111
For Paperwork F	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for F	orm 990.					Schodulo I (Earm 000)

95-1641441

Page 2

CALIFORNIA

Schedule I (Form 990) 2023

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.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 0 0 0 0 190,813. 2,502,023, 231. 42,300 (c) Amount of cash grant 125,155, 11 (b) Number of recipients 1010 59 314 13 339 (a) Type of grant or assistance INCENTIVES AND NEEDS BASED PAYMENTS OJT EMPLOYER REIMBURSEMENT TUITION AND TRAINING STIPENDS FOR CLIENTS TRANSPORTATION Part IV

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS

SUBSTANTIALLY ALL OF OUR GRANTS SERVE PARTICIPANTS THROUGH THE WORKFORCE

INVESTMENT ACT. PARTICIPANTS ARE PRE-SCREENED AND PRE-APPROVED THROUGH THE

WORKFORCE INVESTMENT ACT PROGRAMS BEFORE THEY BECOME ELIGIBLE FOR

GOODWILL'S WORKFORCE DEVELOPMENT PROGRAMS.

PLACE FOR MANY YEARS, GOODWILL HAS EXTENSIVE EXPERIENCE TO ENSURE THAT

IN

THE PROGRAMS HAVE BEEN

SINCE

PARTICIPANTS MEET ELIGIBILITY REQUIREMENTS AND THAT OUR DOCUMENTATION IS

COMPLETE AND ACCURATE. GOODWILL RECEIVES GOVERNMENT AWARDS FOR ITS

332102 11-01-23

Page 2 95-1641441

Schedule I (Form 990) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 0 Schedule I (Form 990) CALIFORNIA
Part III | Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.) 698,001. (c) Amount of cash grant (b) Number of recipients 2,252. (a) Type of grant or assistance OTHER PARTICIPANT SUPPORT SERVICES

332242 04-01-23

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Part IV Supplemental Information 95-1641441 Page 2
EMPLOYMENT PROGRAMS. THIRD-PARTY OVERSIGHT CONTRIBUTES TO A STRONG CONTROL
ENVIRONMENT: GOODWILL IS REGULARLY EXAMINED BY CITY, COUNTY, AND STATE
AUDITORS AND IS SUBJECT TO AN ANNUAL CIRCULAR A-133 AUDIT. GOODWILL
MAINTAINS CARF ACCREDITATION. CARF HAS ESTABLISHED NATIONALLY RECOGNIZED
STANDARDS TO ENSURE THE HIGHEST QUALITY OF PROGRAM SERVICE DELIVERY FOR
EMPLOYMENT AND REHABILITATION PROGRAMS.
Schedule I (Form 990)

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN

CALIFORNIA

Questions Regarding Compensation

Employer identification number 95-1641441

			Yes	No
76	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		100	1000
	First-class or charter travel Housing allowance or residence for personal		E 19	F
	Travel for companions Payments for business use of personal reside	ence		100
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	100		
	Discretionary spending account Personal services (such as maid, chauffeur, o	chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		100	120
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		20000
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		100	1000
	the realist checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	104 1		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	5.89	1	
	establish compensation of the CEO/Executive Director, but explain in Part III.	.0		ing:
	V O			
	Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study		60	19.6
				195
	X Approval by the board or compensation comp	mittee	ev.	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Popoliyo a poverence may be a second of the	0.000	177 50	113
b	Participate in as specific and the second se		-	X
С	Participate in or receive necessary for the second		-	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		Х
	, and the persons and provide the applicable amounts for each item in Part III.	602		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	5213		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	10000	Rib	
	contingent on the revenues of:	9818		1000
а	The organization? Any related organization?	0.000	-12.59	37
b	Any related organization?	<u>5a</u>		X
	If "Yes" on line 5a or 5b, describe in Part III.	5b		X
6	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:			
а	The organization? Any related organization?	NAME OF TAXABLE PARTY.		17
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III	6a		<u>X</u>
	If "Yes" on line 6a or 6b, describe in Part III.	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	100		8
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	7	Х	_
	Initial Contract exception described in Regulations agotion 53 4050 4/2/000 K IV III III III III III III III III II	1.2		37
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8		<u>X</u>
	Regulations section 53.4958-6(c)?		0121	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	- 000)	2022

LHA 332111 11-06-23

Schedule J (Form 990) 2023 CALIFORNIA
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 (E) amounts for that individual.

		(B) Breakdown of W	W-2 and/or 1099-MISC and/or 1099-NEC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(0-(D)	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) J. PATRICK MCCLENAHAN	€	483,60	213,281.	6,858.	0	45,280.	749.027.	
	9			0	0	0		
	Ξ	189,638	1	•	0	12,419.	283.479.	
⊃	9	189,638		2,672.	0	12,419.	- I	
(3) KLIZABETH SCHWALBACH	Ξ	202,492	- >	978.		37,184.	- I	
٦l	9	50,624	16,071.	244.		9,296.		
(4) JOHN DELL	Ξ	163,739	31,568.	252.				
7 I	9	0	П	0.		1	O	
(5) JILLIAN SOTO	Ξ	160,51	16,286.	380.	.0	34,273.	211,456.	
SCIOR OF HR L	9		- 1	0.	0	0	-1	
(b) MICHELLE R, TAN	Ξ	172,765.	15,144.	392.	2,508.	1,622.	192.431	
# I	8		0	0	0			0 0
SHARAT S. SURVE	Ξ	165,033.	14,550.	156.	0	8.175.	187 914	
٦,	$\overline{}$		0	0	0	c		
(8) JESSICA C. RODRIGUEZ	Ξ	140,86	21,000.	198.	3,336.	18.402.	183 799	
۳			0.	0	1	-1	- I	
	Ξ	83,85	83,594.	.99	0	762.	168 275	
CFO (THRU 03/2023)	(1)	0.	0	0	0			
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Schedule J (Form 990) 2023

332112 11-06-23

Page 3 Schedule J (Form 990) 2023 CALIFORNIA

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. THE ORGANIZATION PAYS ANNUAL PERFORMANCE-BASED BONUSES AT THE DISCRETION OF THE BOARD OF DIRECTORS. NON-FIXED PAYMENTS PART I, LINE 7:

332113 11-06-23

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization GOODWILL INDUSTRIES OF SOUTHERN

CALIFORNIA

Employer identification number 95-1641441

Part I Excess Be	nefit Transact	ione (asstinu	TO1 (-)	(0)	E 5547 VO .		9:) – T (<u>414</u>	41		
Complete if the	ne organization and	word "Yes" en	5U1(C)(3), sec	tion 501(c)(4), and se	ection 501(c)(29) org	anizati	ons or	ıly)			
		Relationship be	tween	disque	Part IV, line 25a or 25	b; or Form 990-EZ, F	Part V,	line 40)b.	_		
(a) Name of disqualifie	ed person	person and o			anneu (c) Description of tra	nsacti	on			-r	ected?
(1)							_	_		+	'es	No
(2)				_						+	_	_
(3)							_		_	+	-	
(4)							-	_		+	-	
_(5)										+	-	_
(6)							_			+	-	
2 Enter the amount of ta	ax incurred by the o	organization mar	nagers	or disc	gualified persons du	ing the year under	_					
section 4958								¢				
3 Enter the amount of ta	ax, if any, on line 2,	above, reimbur:	sed by	the or	ganization	***************************************	*********	φ φ				
					1,000,000,000	***************************************	*******	Ψ			_	
Part II Loans to a	nd/or From Int	erested Per	sons	i i								
Complete if th	e organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a, or	Form 990 Part IV lie	ne 26.	or if th		!#		
reported an ar	mount on Form 990), Part X, line 5.	6. or 2	2.	, ,	1 Om 000, 1 art 10, III	116 20,	Or II tr	ie orga	ınızatı	on	
(a) Name of	(b) Relationship	(c) Purpose	(d) L	oan to or	(e) Original	(f) Balance due	(a) In	(h) Ap		(i) \A	/ritten
interested person	with organization	of loan		m the ization?	principal amount	(1) = 0.00.100 0.00	defa	ault?	by bo			ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)							100	140	163	140	165	IVO
(2)												1
(3)												
(4)												-
(5)												
(6)												
(7)												
(8)									\neg			
(9)												
(10)												
Total			*****		\$					0.19	T. F	NEE A
	ssistance Ben											
Complete if the	organization ansv	ered "Yes" on f	orm 9	90, Pa	rt IV, line 27.	- /A.O.						
(a) Name of interested	d person	b) Relationship			(c) Amount of	(d) Type	of		(e)	Purpo	ose of	
		interested pers the organiza		d l	assistance	assistand	ce			ıssista		
V60		ine organiza	ulon									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)				_								
(7)				_								
(O)	11											_

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

Schedule L (Form 990) 2023

(9) (10)

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction organization organization revenues?	Part IV Business Transactions Involv	ving Interested Persons		33-1041	441	Page 2
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of transaction of transaction organization			Sh or 28c			
1)TAKEDA FAMILY TRUST ENTITY MORE THAN 35 339,990. RENTAL OF P X (2)		(b) Relationship between interested	(c) Amount of		organiz rever	zation's lues?
(2) (3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR	(1)TAKEDA FAMILY TRUST	ENTITY MORE THAN 35	339 990	DENTAL OF D	Yes	No
(3) (4) (5) (6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR			333,330.	RENTAL OF P		_
(6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
(6) (7) (8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR	(4)					
(8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR	(5)					
(8) (9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
(9) (10) Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
Part V Supplemental Information Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: CONTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
Provide additional information for responses to questions on Schedule L. See instructions. SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR						
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TAKEDA FAMILY TRUST (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: (INTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR		onses to questions on Schedule ISee in	netructions			
ENTITY MORE THAN 35% OWNED BY TERRY TAKEDA, DIRECTOR	(A) NAME OF PERSON: TAKEDA	FAMILY TRUST				
	B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
	ENTITY MORE THAN 35% OWNED	BV TERRY TAKEDA DI	O E C III O D			
(D) DESCRIPTION OF TRANSACTION: RENTAL OF PROPERTY		DI IBRRI TAREDA, DI	RECTOR			
	(D) DESCRIPTION OF TRANSAC	TION: RENTAL OF PROPI	ZRTV			
		KLINIIL OI IROI	31(11			
					_	
						_
		-				

SCHEDULE M (Form 990)

Noncash Contributions

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. GOODWILL INDUSTRIES OF SOUTHERN

CALIFORNIA

Employer identification number

95-1641441 Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications X 4 3,021,000. MARKET VALUE Clothing and household goods X 5 102,890,000.MARKET VALUE Cars and other vehicles Х 297 6 439,000. SELLING COST Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles ____ 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 17 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

GOODWILL INDUSTRIES OF SOUTHERN Schedule M (Form 990) 2023 CALIFORNIA

Schedule M (Form 990) 2023 CALIFORNIA Part II Supplemental Information Provide the information	95-1641441 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	25 d 20 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1
this part for any additional information.	, or a combination of both. Also complete
SCHEDULE M, PART I, COLUMN (B):	
EXPLANATION OF REPORTING METHOD FOR NUMBER OF CONTRIL	BUTIONS
CARS AND OTHER VEHICLES - NUMBER OF ITEMS RECEIVED	
SCHEDULE M, LINE 32B:	
THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCA	ASH CONTRIBUTIONS
GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA UTILIZES T	THE SERVICES OF A
PROFESSIONAL FUNDRAISER TO OPERATE ITS VEHICLE DONATI	ON PROGRAM
(SCHEDULE M, PART 1, LINE 6). SEE SCHEDULE G FOR A CO	MPLETE DESCRIPTION
OF THE ARRANGEMENT WHICH INCLUDES SOLICITATION, PROCES	SING, AND SALE OF
THE VEHICLES.	
	
12142 09-11-23	Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

2023
Open to Public Inspection

OMB No. 1545-0047

Employer identification number 95-1641441

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

SOUTHERN CALIFORNIA ("GSC") SERVES PERSONS WITH DISABILITIES OR OTHER

VOCATIONAL CHALLENGES BY PROVIDING EDUCATION, SKILLS TRAINING, WORK

EXPERIENCE, AND JOB PLACEMENT SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CONTRACT DEPARTMENT - A FAMILY OF PROGRAMS INCLUDING COMPUTER

RECYCLING, SHREDDING, DOCUMENT IMAGING, CUSTODIAL BUILDING SERVICES,

AND ASSEMBLY AND FULFILLMENT SERVICES TO ASSIST LOCAL BUSINESSES. IN

2023, OVER 76 INDIVIDUALS WITH DISABILITIES AND OTHER BARRIERS TO

EMPLOYMENT WERE TRAINED AND EMPLOYED IN THESE PROGRAMS.

EXPENSES \$ 7,267,758. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,688,639.

FORM 990, PART VI, SECTION A, LINE 1A:

DELEGATE BROAD AUTHORITY TO A COMMITTEE

THE EXECUTIVE COMMITTEE SHALL CARRY OUT THE DECISIONS OF THE BOARD AND IN

THE INTERVALS BETWEEN BOARD MEETINGS MAY EXERCISE ALL THE POWERS OF THE

BOARD, EXCEPT THE PURCHASE OR SALE OF REAL ESTATE. FOUR MEMBERS OF THE

EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM. THE EXECUTIVE COMMITTEE

SHALL APPROVE THE ANNUAL OPERATING BUDGET, AS RECOMMENDED BY THE FINANCE

COMMITTEE.

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

REVIEW OF FORM 990 BY GOVERNING BODY

AFTER THE FORM 990 IS PREPARED BY INDEPENDENT TAX PROFESSIONALS AND

REVIEWED BY THE GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA ACCOUNTING STAFF

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

AND CFO, IT IS PRESENTED TO THE CEO, COO AND THE AUDIT & COMPLIANCE

COMMITTEE OF GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA FOR REVIEW. ONCE

REVIEWED, IT IS SENT VIA EITHER E-MAIL OR REGULAR MAIL TO THE BOARD OF

DIRECTORS. COMMENTS FROM THE DIRECTORS ARE REVIEWED AND ADDRESSED AND, IF

NECESSARY, THE RETURN IS RECIRCULATED TO THE DIRECTORS. WHEN THE DIRECTORS

HAVE NO MATERIAL COMMENTS, THE RETURN IS FILED.

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

CONFLICT OF INTEREST POLICY

EACH DIRECTOR, OFFICER, KEY EMPLOYEE, AND SELECTED EMPLOYEES SIGN A

CERTIFICATE OF COMPLIANCE THAT HE/SHE HAS READ AND AGREES TO ABIDE BY THE

GUIDELINES FOR DEALING WITH POTENTIAL CONFLICTS OF INTEREST UPON JOINING

THE ORGANIZATION AND AGAIN IN JANUARY OF EACH YEAR. THE BOARD OF DIRECTORS,

EXECUTIVE COMMITTEE (OR SENIOR MANAGEMENT FOR TRANSACTIONS THAT ARE

CONFLICTED WITH RESPECT TO STAFF) WILL REVIEW, RATIFY, AND APPROVE EACH

POTENTIAL OR EXISTING CONFLICTED TRANSACTION ON AN AS-NEEDED BASIS TO

ENSURE THAT THE TRANSACTION IS CONDUCTED AT FAIR MARKET VALUE. TRANSACTIONS

OF UP TO \$5,000 CAN BE DEALT WITH BY THE PRESIDENT/CEO UNLESS HE/SHE WISHES

TO APPROVE THE TRANSACTION WITH THE BOARD OF DIRECTORS OR EXECUTIVE

COMMITTEE. THE POLICY IS ENFORCED THROUGH THE EDUCATION AND REGULAR MEETING

OF THE BOARD OF DIRECTORS IN CONCERT WITH THE PRESIDENT/CEO, CFO, AND COO,

WHO HAVE OVERSIGHT TO APPROVE AND REVIEW ALL FISCAL TRANSACTIONS.

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

PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL

FOR THE PRESIDENT/CEO, CFO, AND COO AND OTHER KEY POSITIONS, THE EXECUTIVE

COMPENSATION COMMITTEE ENGAGES THE SERVICES OF AN INDEPENDENT COMPENSATION

CONSULTANT. PERIODICALLY THE CONSULTANT AND THE COMMITTEE USE INFORMATION

Schedule O (Form 990) 2023

CHARITIES IN THE AREA, AND INFORMATION FROM OTHER SIMILARLY SIZED GOODWILL

MEMBER AGENCIES ACROSS THE COUNTRY TO EVALUATE THE COMPENSATION PACKAGE. AN

INDEPENDENT COMPENSATION CONSULTANT COMPLETED THE SURVEY AND ANALYSIS IN

2023 AND SUBMITTED IT TO THE COMMITTEE. THE EXECUTIVE COMPENSATION

COMMITTEE'S RECOMMENDATION ARE BROUGHT BEFORE THE BOARD OF DIRECTORS IN A

CLOSED SESSION ON AN ANNUAL BASIS FOR REVIEW AND APPROVAL. THE BOARD OF

DIRECTORS HAS RESPONSIBILITY TO APPROVE THE COMPENSATION PACKAGE FOR THE

PRESIDENT/CEO, CFO, AND COO. THIS PROCESS TOOK PLACE IN 2023.

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

PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES

FOR SELECTED KEY EMPLOYEES, THE EXECUTIVE COMPENSATION COMMITTEE ENGAGES

THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT. PERIODICALLY THE

CONSULTANT AND THE COMMITTEE USE INFORMATION FROM SALARY SURVEYS, FORM 990

INFORMATION RETURNS FOR SIMILARLY SIZED CHARITIES IN THE AREA, AND

INFORMATION FROM OTHER SIMILARLY SIZED GOODWILL MEMBER AGENCIES ACROSS THE

COUNTRY TO EVALUATE THE COMPENSATION PACKAGE. AN INDEPENDENT COMPENSATION

CONSULTANT COMPLETED THE SURVEY AND ANALYSIS IN 2023 AND SUBMITTED IT TO

THE COMMITTEE. THE BOARD OF DIRECTORS HAS RESPONSIBILITY TO APPROVE THE

COMPENSATION PACKAGE FOR THE PRESIDENT/CEO, COO, AND CFO. THE EXECUTIVE

COMPENSATION COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF THE OTHER

KEY EMPLOYEES. THIS PROCESS TOOK PLACE IN 2023.

FORM 990, PART VI, SECTION C, LINE 19:

REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION POSTS ITS FINANCIAL STATEMENTS AND IRS FORM 990 ON ITS
WEBSITE. THE ORGANIZATION SEPARATELY PROVIDES ITS FORM 990 TO GUIDESTAR,

Schedule O (Form 990) 2023

332212 11-14-23

CALIFORNIA WHICH POSTS IT ON THEIR WEBSITE. A COPY OF THE ORGANIZATIO ALSO AVAILABLE BY REQUEST. GOVERNING DOCUMENTS AND CONFLIC POLICIES ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: SOFTWARE LICENSE AND SUPPORT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	
ALSO AVAILABLE BY REQUEST. GOVERNING DOCUMENTS AND CONFLIC POLICIES ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: SOFTWARE LICENSE AND SUPPORT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,114,470. 1,031,886.
POLICIES ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: SOFTWARE LICENSE AND SUPPORT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,114,470. 1,031,886.
FORM 990, PART IX, LINE 11G, OTHER FEES: SOFTWARE LICENSE AND SUPPORT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,031,886.
SOFTWARE LICENSE AND SUPPORT: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,031,886.
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,031,886.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	1,031,886.
FUNDRAISING EXPENSES TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	
TOTAL EXPENSES CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	284,698.
CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES	
PROGRAM SERVICE EXPENSES	2,431,054.
MANAGEMENT AND GENERAL EXPENSES	55,093,670.
	663,508.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,757,178.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	690,489.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
COTAL EXPENSES	690,489.
CONSULTANT FEES, ADMIN FEES & CERTIFICATION FEES:	
ROGRAM SERVICE EXPENSES	360,143.
ANAGEMENT AND GENERAL EXPENSES	
UNDRAISING EXPENSES	127,070. -202,847.
OTAL EVERNORS	
2212 11-14-23 55	284,366.

Vame of th	ne organizati	ion GO CA	ODW	ILL I	NDUST	RIES	OF S	OUTHE	RN			Employer identification number 95-1641441
<u> </u>	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A	59,163,087.
												2
									-			
							-					
				**								

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37,
Attach to Form 990.

Open to Public Inspection 2023

OMB No. 1545-0047

GOODWILL INDUSTRIES OF SOUTHERN

CALIFORNIA

Employer identification number 95-1641441

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ons. Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34, becaus	l e it had one or more re	elated tax-exempt

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)	(13)
of related organization		foreign country)		status (if section	entity	controlled entity?	
COORDITION IN CONTRACT IN A PROPERTY OF THE PR				201(c)(3))		Yes	N
COUMTED RETAIL SERVICES - 45-1544299						-	
342 N. SAN FERNANDO ROAD							
LOS ANGELES, CA 90031	SUPPORT GISC	CALIFORNIA	501(5)(3)	T 401 TNT.	0		
				T 'VOT GMT	TIDE	×	
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332161 09-28-23 LHA

CALIFORNIA

Schedule R (Form 990) 2023

Page 2 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. Part III

95-1641441

(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	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1064)		(j) (k) General or Percentage managing ownership
										No.	
Part IV Identification of Related Organizations Taxable as a Corp organizations treated as a corporation or trust during the tax	ganizations Taxable poration or trust duri	as a Corpoi	oration or Trust. C	omplete if th	ne organization	answered "Ye	" on Form 990,	Part IV, line	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	ad one or m	ore relate
(a) Name, address, and EIN of related organization	Z۲	Prims	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp., S corp., or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b) contro
CHARITABLE REMAINDER TRUSTS (5) 342 N. SAN FERNANDO ROAD LOS ANGELES, CA 90031		INVESTMENTS	Š	CA	N/A	TRUST					yes No

332162 09-28-23

Schedule R (Form 990) 2023 CALIFORNIA

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

Notes Occasional Section 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15		11 550, 1 gt 1 V, 1116 54, 55	34, 330, 0f 36.		
Note: Complete life I if any entity is listed in Parts II, III, or IV of this schedule. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II.N/2	s with one or more r	elated organizations listed	lin Darte ILW2	7	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	4		11 A I I		:
b Gift, grant, or capital contribution to related organization(s)	***************************************	***************************************		<u>e</u>	×
(V)	3.000.000.000.000.000.000.000.000.000.0	***************************************	11.1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+	9	×
d Loans or loan guarantees to or for related organization(s)	***************************************	***************************************		2	×
e Loans or loan quarantees by related organization(s)			***************************************	10	×
		***************************************		1e	×
f Dividends from related organization(s)					
Sale of assets to related organization(s)	***************************************	***************************************		11	×
	***************************************			10	×
	***************************************	***************************************		=	×
	***************************************			F	>
 Lease of facilities, equipment, or other assets to related organization(s) 			***************************************	Ŧ	4 >
				-	4
K Lease of facilities, equipment, or other assets from related organization(s)					Þ
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)		***************************************	+	4
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			+	1
	on(e)	***************************************		4	
Sharing of paid employees with related organization(s)	(6)			t X	
(A)		***************************************	0.000,000,000,000,000,000,000,000,000,0	to X	
p Reimbursement paid to related organization(s) for expenses			'W1100		
Reimbursement paid by related organization(s) for expenses			***************************************	4	×
entropy of the second s		***************************************	***************************************	10	×
r Other transfer of cash or property to related organization(s)				0	
s Other transfer of cash or property from related organization(s)	******************************		***************************************	÷	×
2 If the answer to any of the above is "Yes " see the instructions for information of				1s	×
Section of Mindful and Mark Mark Including covered in the mark complete this line, including covered	no must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved	
(1) GOODWILL RETAIL SERVICES	M	53,941,382.	FMV		
[2]					
(3)					
(4)					
(5)					
					Ĭ
332163 09-28-23					I

Page 4

GOODWILL INDUSTRIES OF SOUTHERN CALIFORNIA

Schedule R (Form 990) 2023

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.

of Share of Dignopor Code V-UBI General or Percendence asserts Nes No (Form 1065) Nes No (Form 1065)	(a) (b) (c) (c) (d) (d) (d) (d) (e)	irructions regarding exclus	ion for certain inve	390	9	(a)	3		5	(ann)
Sections 5 12-5 14) Yes No Intome assets	ddress, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partner (related, unrelated, solice excluded from tax under one		Share of end-of-year	Disproportionate	Code V-UBI amount in box 20	(I) seneral or nanaging partner?	(K) Percentage ownership
			1	sections 512-514) Yes		assets	Yes No	(Form 1065)	es No	
									+	
									F	
									-	
									1	
								i,		
									1	
		ю								
									‡	
									_	

Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	95-1641441	
aspendor to quantons on contende in, dee instructions.		
4		