PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 8357182

Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2023

Open to Public Inspection

2024 A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change Goodwill Industries, Inc. Name change Goodwill-Easter Seals Minnesota 41-0706171 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 651-379-5862 553 Fairview Ave N 151,596,334. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 55104 St Paul, MN H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Michael Wirth-Davis for subordinates? Yes X No same as C above __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions www.goodwilleasterseals.org H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Other L Year of formation: 1919 M State of legal domicile: MN Association Part I Summary Briefly describe the organization's mission or most significant activities: To eliminate barriers to work Activities & Governance and independence. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 3395 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 37,876,314. 35,909,745. Contributions and grants (Part VIII, line 1h) 8 2,107,253. 2,673,467. Program service revenue (Part VIII, line 2g) 2,351,529. $1,425,\overline{228}$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 22,479,696. 29,798,719. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 63,888,491. 70,733,460. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,066,491. 1,454,441 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,169,668. 33,032,892. 16a Professional fundraising fees (Part IX, column (A), line 11e) 956. 15,913. **b** Total fundraising expenses (Part IX, column (D), line 25) 18,793,190. 22,991,105. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 57,494,351. 48,030,305. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,239,109. 15,858,186. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Po 176,860,684. 181,195,606. Total assets (Part X, line 16) 83,195,922. 93,446,833. 21 Total liabilities (Part X, line 26) 三年 83,413,851. 97,999,684 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Michael Wirth-Davis, President and CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Deb Nelson, CPA Deb Nelson, CPA 05/19/25 self-employed P01264758 Paid Eide Bailly LLP Firm's name Firm's EIN 45-0250958 Preparer Firm's address 800 Nicollet Mall, Ste. 1300 Use Only Phone no. 612-253-6500 Minneapolis, MN 55402-7033 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pa	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Goodwill-Easter Seals Minnesota is to eliminate
	barriers to work and independence. The vision of Goodwill-Easter Seals
	Minnesota is a world where everyone experiences the power of work.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$44,520,927. including grants of \$1,454,441.) (Revenue \$32,472,186.)
44	Goodwill-Easter Seals Minnesota envisions a world where everyone
	experiences the power of work and offers a broad spectrum of
	programming to eliminate barriers to work and independence. Our
	programs are designed to address the multiple barriers to work that our
	participants face, while offering tools, strategies and guidance to
	develop both short- and long-term employment, education and personal
	goals. (Continued on Schedule O)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (expenses \$) (revenue \$)
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 44,520,927.

Form 990 (2023) Goodwill Industries, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			X
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8_		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			† <u></u>
	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 I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	'''		†
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		16		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		125
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			₩.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) Goodwill Industries, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		37	
_	Schedule K. If "No," go to line 25a	24a	X	37
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			х
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Λ
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZSa		21
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	5-1		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 82 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(manyle library) and the state of the state	1c	Х	
	(gambling) winnings to prize winners?	_ IC	000	(000-)

Form 990 (2023) Goodwill Industries, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3395		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	77
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
oa	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Cores respirate included on Form 200 Part VIII line 10 for public use of old to facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Goodwill Industries, Inc. 41-0706171 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN, WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	-		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>Jeff Uecker - 651-379-5800</u>			
	553 Fairview Avenue N. St. Paul MN 55104			

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.

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

- 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)			((C)	•		(D)	(E)	(F)
Name and title	Average	(de		Pos	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	ndividual trustee or director	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(1) Michael Wirth-Davis, DPA	50.00									
President & CEO	1.00			Х				694,793.	0.	38,074.
(2) Jinah Chernivec	50.00									
Chief HR & Risk Officer	0.00				Х			319,845.	0.	48,403.
(3) Brent Babcock/Chief	50.00									
Sales and Marketing Office	0.00				Х			320,740.	0.	43,915.
(4) Sheila Olson/Chief Services	50.00									
& Programs Officer	0.00				Х			309,858.	0.	53,146.
(5) Jeffery Uecker, CPA	50.00									
Chief Financial Officer	1.00			Х				318,333.	0.	43,315.
(6) Mary S Jones/Foundation	1.00									
Chief Philanthropy Officer	40.00				Х			299,159.	0.	15,082.
(7) Keith Brooks	50.00									
Sr. Director, Services and Programs	0.00					Х		218,783.	0.	37,703.
(8) Peter Haggeman	50.00									
Director, E-Commerce	0.00					Х		207,594.	0.	36,044.
(9) Ann Marie Courchene	50.00								_	
Sr Director, Retail Operations	0.00					Х		201,283.	0.	41,515.
(10) Nicholas Adams	50.00								_	
Senior Director, Retail Sales	0.00					Х		216,252.	0.	7,564.
(11) Milissa Orchard	50.00								_	
Director, HR Operations	0.00					Х		154,284.	0.	36,160.
(12) Rachel Lockett	3.00									
Chair	1.00	Х		Х				0.	0.	0.
(13) Kortney Cartwright	3.00									_
Vice Chair	1.00	Х		Х				0.	0.	0.
(14) Mike Finger, MA	3.00									_
Treasurer	1.00	Х		Х				0.	0.	0.
(15) Valerie Kryzwkowski Snyder, JD	3.00									_
Secretary	0.00	Х		Х				0.	0.	0.
(16) Stephanie Albert	3.00	<u></u>								_
Director	0.00	Х						0.	0.	0.
(17) Anthony Bass	3.00	<u></u>								_
Director	0.00	X						0.	0.	990 (2022)

	l industr	:1e	es,		nc	: •			41-0706	I/I Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)								(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week		Cer ar	ia a a	recio	or/trus	iee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	l trus		99	npen		1099-NEC)	1099-1420)	and related
	below	dualt	utio ns	_	nploy	st co	er	10001120,		organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Paulette Baukol	3.00									
Director	0.00	Х						0.	0.	0.
(19) Margaret Camp, MBA, JD	3.00									
Director	0.00	Х						0.	0.	0.
(20) Marcella de la Torre	3.00									
Director	1.00	Х				<u> </u>		0.	0.	0.
(21) Sonja Erickson	3.00									
Director	0.00	Х						0.	0.	0.
(22) Andrew Feikema	3.00									
Director	0.00	Х						0.	0.	0.
(23) Debbie Galka	3.00									
Director	1.00	Х						0.	0.	0.
(24) Sita Morantz	3.00									
Director	1.00	Х						0.	0.	0.
(25) Peggy L Kadlec	3.00									
Director	0.00	Х						0.	0.	0.
(26) Leslie Olson, MBA	3.00									
Director	0.00	Х						0.	0.	0.
1b Subtotal								3,260,924.	0.	400,921.
							0.			
d Total (add lines 1b and 1c)								3,260,924.	0.	400,921.
2 Total number of individuals (including but	2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable									

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

Yes No 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 3 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 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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.

(B) Description of services	(C) Compensation
Garbage Disposal	2,596,146.
Temp Staffing	1,427,162.
Office Cleaning	935,340.
Payroll Processing	755,006.
Covid Cleaning	
Service	752,842.
d above) who received more than	
	Description of services Garbage Disposal Temp Staffing Office Cleaning Payroll Processing Covid Cleaning Service

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Form 990 Goodwill Part VII Section A. Officers, Directors, Tru	Industr	<u>ie</u>	s,	I	nc				41-070	6171
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) (B) (C)							(D)	(E)	(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(***2/1099*****130)	organization
	related	tee or	stee			en sa te		(** = /* *******************************		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	d ma /	hesto	Former			
	line)	pu	si Si	#0	.e	ij	For			
(27) Elizabeth Ortloff	3.00									
Director	0.00	Х						0.	0.	0.
(28) Charla Sheffield	3.00									
Director	0.00	Х						0.	0.	0.
(29) Morgan Truscott	3.00	l								
Director	1.00	Х	_					0.	0.	0.
(30) Ivan Winship	3.00	.,							•	•
Director	0.00	Х						0.	0.	0.
-										
			\vdash							
-										_
			\vdash			\vdash	-			
		1								
			\vdash							
	<u> </u>	<u> </u>		<u> </u>	<u> </u>		<u> </u>			
Total to Bort VII. Section A. line 15										
Total to Part VII, Section A, line 1c								I		

Goodwill Industries, Inc. 41-0706171 Page 9 Form 990 (2023)
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under sections 512 - 514 (B) Related or exempt Total revenue function revenue business revenue 1 a Federated campaigns 1a 1b **b** Membership dues

, G	С	Fundraising events		1c					
iifts ar A	d			1d	1,406,355.				
Contributions, Gifts, Gand Other Similar Am	е	Government grants (contr	ibutions)	1e	9,372,546.				
Sign	f	All other contributions, gifts,							
but		similar amounts not included		1f	25,130,844.				
를	g	Noncash contributions included in		1g \$	23,221,165.				
Sor	h	Total. Add lines 1a-1f				35,909,745.			
					Business Code				
ø)	2 a	Placement/Training			561300	2,596,196.	2,596,196.		
<u>vi</u> Č	b					, ,	, ,		
Ser	c			_					
E S	d								
Program Service Revenue	٠ -	-							
Pro	f	All other program service	revenue		900099	77,271.	77,271.		
_	g	Total. Add lines 2a-2f				2,673,467.	,=:=•		
_	3	Investment income (include				2,070,2071			
	3	· ·	•	•	· .	2,343,875.			2343875.
	4	Income from investment of			rooods	2,010,0701			
	5			-					
	5	Royalties		(i) Real	(ii) Personal				
	6.0	Cross rents		i) Hour	(ii) i croonar				
	_	Gross rents	6a 6b						
	b	Less: rental expenses	6c						
	C	Rental income or (loss)							
	d	Net rental income or (loss)		Securities	(ii) Other				
	/ a	Gross amount from sales of	''		7,998.				
		assets other than inventory	7a	137,040.	7,990.				
•	D	Less: cost or other basis		125 760	1 616				
u		and sales expenses		135,768.					
eve		Gain or (loss)	7c			7,654.			7,654.
Ä		Net gain or (loss)				7,054.			7,654.
Other Revenue	8 a	Gross income from fundraising							
0		including \$							
		contributions reported on	-						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from		`					
	9 a	Gross income from gamin	•						
		Part IV, line 19							
		Net income or (loss) from	-						
	10 a	Gross sales of inventory, I			110 504 000				
		and allowances			110,524,209.				
		Less: cost of goods sold			80,725,490.	20 700 710	20700710		
	С	Net income or (loss) from	sales of in	ventory		29,798,719.	29798719.		
छ					Business Code				
Miscellaneous Revenue	11 a								
llan ïen	b								
Sev Sev	C	A.II							
Mis	d	All other revenue							
	<u>e</u>	Total. Add lines 11a-11d				70 733 460	20450106		2251522
	12	Total revenue. See instruction	ons			70,733,460.	32472186.	0.	2351529.
33200	9 12-21-	-23							Form 990 (2023)

Form 990 (2023) Goodwill Industries, Inc. Part IX Statement of Functional Expenses

04	Costing FO1(a)(a) and FO1(a)(d) associations resist complete all columns. All other associations resist complete column (A)								
Secti	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								
			this Part IX	(C)	(D)				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	1,454,441.	1,454,441.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	2,161,289.	1,452,141.	548,750.	160,398.				
6	Compensation not included above to disqualified	, ,	, ,	,	•				
_	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	24,678,785.	19,718,020.	4,887,171.	73,594.				
8	Pension plan accruals and contributions (include	, , , , , , , , , ,	-,,	, ,	,				
•	section 401(k) and 403(b) employer contributions)	631,178.	389,807.	212,045.	29,326.				
9	Other employee benefits	3,372,673.	2,458,004.	830,449.	84,220.				
10	Payroll taxes	2,188,967.	1,697,546.	435,750.	55,671.				
11	Fees for services (nonemployees):	2/200/50/1	2,037,0200	100 / 7000	3370721				
'' a	Management								
		105,393.	1,502.	103,891.					
	Legal	85,378.	1,302.	85,378.	_				
	Accounting	10,000.		03,370.	10,000.				
	Lobbying Professional fundraising services. See Part IV, line 17	15,913.			15,913.				
	Investment management fees	130,183.		130,183.	15,515.				
		130,103.		130,103.					
g	Other. (If line 11g amount exceeds 10% of line 25,	5,623,488.	2,722,318.	2,892,247.	8 923				
40	column (A), amount, list line 11g expenses on Sch O.)	782,975.		497,442.	8,923. 127,793.				
12	Advertising and promotion	2,468,689.	2,437,517.	31,172.	121,195.				
13	Office expenses	2,400,009.	2,431,311.	J1,1/2•					
14	Information technology								
15	Royalties	9,093,661.	9,071,505.		22,156.				
16	Occupancy	316,435.	271,060.	45,039.	336.				
17	Travel	310,433.	2/1,000.	45,039.	330.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	385,561.	144,114.	234,912.	6,535.				
19	Conferences, conventions, and meetings	133,963.	120,581.	13,382.	0,333.				
20	Interest	291,388.	140,301.	291,388.					
21	Payments to affiliates	1,489,262.	010 227	578,746.	279.				
22	Depreciation, depletion, and amortization	5,583.	910,237. 5,583.	5/0,/40.	419.				
23	Insurance	3,303.	3,303.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)								
9	Production Supplies	824,081.	809,921.	5,432.	8,728.				
b	Credit Card Bank Fees	617,851.	585,302.	32,549.	0.				
C	Job Advertising and Pla	137,160.	64.	137,096.	``				
d	Subscriptions and Membe	78,336.	13,594.	62,006.	2,736.				
	All other expenses	411,718.	99,930.	281,110.	30,678.				
	Total functional expenses. Add lines 1 through 24e	57,494,351.	44,520,927.	12,336,138.	637,286.				
25		J 1 , T J T , J J L •	,J4U,J4/•	12,330,130.	037,200•				
26	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)								
	Check here if following SOP 98-2 (ASC 958-720)				000				

Form 990 (2023) Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,442,908.	1	3,030,183.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,000.	3	140,000.
	4	Accounts receivable, net		6,403,655.	4	8,077,055.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these per			5	
	6	Loans and other receivables from other disqualified po				
		under section 4958(f)(1)), and persons described in se		6		
ø	7	Notes and loans receivable, net		467,157.	7	492,174.
Assets	8	Inventories for sale or use		4,956,909.	8	4,735,758.
As	9	B		1,360,476.	9	1,202,666.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10a	88,740,401.			
	b	Less: accumulated depreciation 10b	40,566,040.	41,397,211.	10c	
	11	Investments - publicly traded securities	53,060,750.	11	57,402,312.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	66,770,618.	15	57,941,097.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	176,860,684.	16	181,195,606.
	17	Accounts payable and accrued expenses	9,289,417.	17	8,557,968.	
	18	Grants payable		18		
	19	Deferred revenue		65,219.	19	327,069.
	20	Tax-exempt bond liabilities		13,301,082.	20	12,331,731.
	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or former off				
Liabilities		trustee, key employee, creator or founder, substantial				
jab		controlled entity or family member of any of these per		014 007	22	500 450
_	23	Secured mortgages and notes payable to unrelated the	•	914,987.	23	628,460.
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24	4). Complete Part X	60 076 100		61 250 604
				69,876,128.		
	26		▼	93,446,833.	26	83,195,922.
ဟ္		Organizations that follow FASB ASC 958, check he	re X			
JCe		and complete lines 27, 28, 32, and 33.		83,211,844.	07	07 /61 3/9
<u>a</u>	27	Net assets without donor restrictions	202,007.	27	97,461,348. 538,336.	
Ö	28	Net assets with donor restrictions	202,007.	28	330,330.	
ڃَ		Organizations that do not follow FASB ASC 958, ch	ieck nere			
P		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipm			30	
³t A	31	Retained earnings, endowment, accumulated income		83,413,851.	31	97,999,684.
ž	32	Total net assets or fund balances		176,860,684.	32	
	33	Total liabilities and net assets/fund balances		1 10,000,004.	33	181,195,606.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	7,49	4,3	<u>51.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	3,23	9,1	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	3,41	3,8	51.
5	Net unrealized gains (losses) on investments	5		1,34	6,7	24.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9	7,99	9,6	84.
Pa	rt XII 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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
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				
	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho		D.			
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?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990)

Total

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.

Open to Public

Employer identification number

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

Name of the organization

Inspection

OMB No. 1545-0047

Goodwill Industries, Inc. 41-0706171 Part I 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). 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, city, and state: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	15651988.	34375656.	29726292.	37876314.	35909745.	153539995	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	15651988.	34375656.	29726292.	37876314.	35909745.	153539995	
	The portion of total contributions							
_	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						153539995	
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4				37876314.			
	Gross income from interest,							
_	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	169,834.	84,397.	251,874.	1427770.	2343875.	4277750.	
9	Net income from unrelated business							
•	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.)	477.755.	442,559.				920,314.	
11	Total support. Add lines 7 through 10						158738059	
	Gross receipts from related activities,	etc. (see instruction	ons)				,602,878.	
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth. or fifth tax \	ear as a section 5		, ,	
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of Publi	c Support Per						
	Public support percentage for 2023 (I			column (f))		14	96.73 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	97.77 %	
	33 1/3% support test - 2023. If the					ore, check this box		
	stop here. The organization qualifies						7.7	
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not d					
	and if the organization meets the fact							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	~						
	more, and if the organization meets the							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization						s	

Schedule A (Form 990) 2023 Goodwill Industries, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	etion A. Public Support	siow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6		, ,		,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is 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	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here		-				<u></u>
	ction C. Computation of Publi		<u>-</u>			 	
	Public support percentage for 2023 (I			column (f))		15	<u>%</u>
	Public support percentage from 2022		•			16	<u>%</u>
	ction D. Computation of Inves			ina 10. as l		147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 3			on line 14 and line		18	7 is not
ıya	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che						
/()	Private foundation. If the organization	n did not check a	DOX ON line 14 19	a or igo check th	us dox and see in:	SITUCHORS	1 1

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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations			
			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			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations	·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions)		
a		5.1. doi:01.0).		
b	· · · · · · · · · · · · · · · · · · ·			
С		ntitv (see instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2 a		
	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
		0-		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	5. 10 05 pp 5. 10 5 organizations. II Tes. Gescribe III • 4. • IIIe Tole Diaved by the Organization III this redard.	55		

Sche	dule A (Form 990) 2023 Goodwill Industries, I			41-0706171 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	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			
	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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

___ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sche	edule A (Form 990) 2023 Goodwill Industries,			4	1-0706171 Page 7			
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	tion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes			1				
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purposes of supporte	d organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in	₇ Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the organizatio	n is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2023 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	tion E - Distribution Allocations (see instructions) Excess Di	s	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6							
_								

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

	Sec	ction D	t IV, Sect , lines 5, 6 uctions.)	ion D, lir 6, and 8;	es 2 and and Part	3; Part I V, Secti	V, Section E, lines on E, lines on E, lines 2, 5, and	1c, 2a, 2b, 3a d 6. Also com	a, and 3b; Pa nplete this pa	rt V, line 1; Part V, Section B, line 1e; Part V, rt for any additional information.	
Sched	lu1e	Α,	Part	II,	Line	10,	Explanati	on for	Other	Income:	
Misce	ella:	neou	ıs Re	venue	e						
2019	Amoı	unt:	\$	477	,755.						
2020	Amoı	unt:	\$								
			-								
											_
											_
											_
											_
											_
											_
											_

Schedule B

(Form 990)

Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Schedule B (Form 990) (2023)

Name of the organization

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

Schedule of Contributors

Employer identification number

Go	oodwill Industries, Inc.	41-0706171					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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						
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or educati	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter l purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).						

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

Name of organization Employer identification number

Goodwill Industries, Inc.

41-0706171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,253,514.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>2,916,969</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 1,749,602.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,406,355.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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.)

Name of organization Employer identification number

Goodwill Industries, Inc.

41-0706171

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
		\$	

Employer identification number

Name of organization

Goodwill Industries, Inc. 41-0706171 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

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) organizations: Complete Part III.

Name of orga	nization	ions. Complete Part III.		Fi	mployer identification number
		l Industries, In	С.		41-0706171
Part I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527	
2 Political	campaign activity expendit r hours for political campai	gn activities			\$
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter the	amount of any excise tax	incurred by the organization und	der section 4955		\$
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$
-		n 4955 tax, did it file Form 4720	•		
					Yes No
	describe in Part IV.	anization is exempt und	or costion E01(a)	event eastion 50	1(0)(2)
Part I-C					
		by the filing organization for se			\$
		ization's funds contributed to ot			¢.
		. Add lines 1 and 2. Enter here a			\$
		. Add lines 1 and 2. Linter here a	•		\$
		1120-POL for this year?			
		nployer identification number (E			
		tion listed, enter the amount pai			
contribut	ions received that were pro	omptly and directly delivered to	a separate political orga	anization, such as a sepa	arate segregated fund or a
political a	action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds. If none, enter-	
				lands. Il florio, criter	delivered to a separate
					political organization. If none, enter -0
					ii florie, effici -o

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.				
c Total lobbying expenditures	10,000.	7,500.	25,000.	10,000.	52,500.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 Goodwill Industries, Inc. 41-07061 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)).

the lobbying activity.	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	Yes	No	An	nount	
1 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:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
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					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4012 tay, did it file Form 4720 for this year?	n 501/o\/	5) or c	ootion		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	JII JU I (C)(<i>J</i> , U 3	ection		
art III-A Complete if the organization is exempt under section 501(c)(4), section					
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			Yes	N	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			ı	N	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			ı	N	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	he prior year	? 3 5), or s	ection	e 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	he prior year on 501(c)("No" OR	? 5), or s (b) Par	ection		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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	he prior year on 501(c)("No" OR	? 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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	he prior year on 501(c)("No" OR	? 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenditures)	he prior year on 501(c)("No" OR	? 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid).	he prior year on 501(c)("No" OR	? 3 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	he prior year on 501(c)("No" OR	2 ? 55), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	he prior year on 501(c)("No" OR ical	2 7 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section of the exception	he prior year on 501(c)(: "No" OR ical	2 7 5), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	he prior year on 501(c)("No" OR cical	2 3 55), or s (b) Par	ection t III-A, lin		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 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? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 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 political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses is a substantially all (e)(4), section 501(c)(4), section 501(c)(4), section 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 Carryover from last year Carryover from last year	he prior year on 501(c)("No" OR cical	2 3 55), or s (b) Par	ection t III-A, lin		

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

Name of the organization

Goodwill Industries, Inc. **Employer identification number** 41-0706171

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiai i uiius (on Accounts. Complete if the		
		(a) Donor advised	d funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	d funds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	ised only		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose c	onferring		
	impermissible private benefit?					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area		
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form o			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c		
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, a	nd not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax		
	year					
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and	d enforcing conse	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year		
8	Does each conservation easement reported on line 2d above	•				
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation		•			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statemer	nts that describes the		
Da	organization's accounting for conservation easements.	Art Historical Tree	OTHER OF OTH	acy Cimilay Accets		
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		isures, or Otr	ier Similar Assets.		
10	If the organization elected, as permitted under FASB ASC 958		nuo etetement en	nd halanaa ahaat warka		
ıa	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan					
h	•					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
		exhibition, education, or	research in luithe	crance or public service,		
	provide the following amounts relating to these items.			Ф.		
	(i) Revenue included on Form 990, Part VIII, line 1					
•		an was as ather similar as		· · · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical trea	•		gain, provide		
_	the following amounts required to be reported under FASB AS	~		Φ.		
	Revenue included on Form 990, Part VIII, line 1			\$		
h						

6,446,718.

892,633.

28,105,139. 23,258,656.

Schedule D (Form 990) 2023

2,352,981.

4,093,737.

4,846,483.

48,174,361.

892,633.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) ...

Part V	II Investments - Other Securities			<u> </u>
	Complete if the organization answered "Yes" of			
_ · ·	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	cial derivatives			
	ely held equity interests			
(3) Other				
(A)			_	
(B)				
(C)				
(D)				
(E)				
(F)			+	
(G)			+	
(H)	I (h) reviet equal Farms 000 Port V line 10 cal (P)			
Part V	I. (b) must equal Form 990, Part X, line 12, col. (B)) III Investments - Program Related.			
i ait v	Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(a) Bescription of investment	(b) Book value	(b) Method of Valdation. Good of one	or your market value
(1)			+	
(2)			+	
(3) (4)			+	
(5)			+	
(6)				
(7)				
(8)				
(9)				
	l. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) F	Right of Use Assets			57,941,097.
(2)				,
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, line 15, col	. (B))		57,941,097.
Part X	Other Liabilities			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1) F	ederal income taxes			
(2) I	Lease Liabilities			61,350,694.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	olumn (b) must equal Form 990, Part X, line 25, col	. (B))		61,350,694.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn	.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	71,950,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,346,724.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	1,346,724.
3	Subtract line 2e from line 1			3	70,603,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	130,183.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	130,183.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	70,733,460.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	57,364,168.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	57,364,168.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	130,183.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	130,183.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	57,494,351.
Pa	rt XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The purpose is to hold long term investments to support Goodwill-Easter Seals Minnesota's future endeavors. Annual disbursements of endowment fund earnings will not begin until the fund has reached a total market value of \$10,000,000 and has maintained that average value over a period of two consecutive calendar quarters. To date, no disbursements from the endowment have been approved.

Part X, Line 2:

The organization believes it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements.

SCHEDULE G (Form 990)

Department of the Treasury

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

Internal Revenue Service Name of the organization Employer identification number Goodwill Industries, Inc. 41-0706171 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants Phone solicitations X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Allegiance Fundraising LLC -Yes No PO Box 9132, Fargo, ND Х Direct Mail/Email 57,206 8,002 49,204. Streamworks LLC - 3640 Pheasant Ridge Dr NE, Blaine Direct Mail/Email Х 0 7,911 0. 57,206. 15 913. 49 204. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. MN,WI

41-0706171 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2023

Sch	ledule G (Form 990) 2023 GOOdWIII Industries, Inc. 41-	0706171	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	.5.5	,,
•	The the hame and address of the person who propares the organization o gaming special events seeks and records.		
	Name		
	Name		
	Address		
	Address		
45.	Does the executation have a contract with a third party from whom the executation receives remind revenue?	Yes	□ No
156	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1es	140
C	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
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 \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , ,
	, , , , , , , , , , , , , , , , , , , ,		
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraiser:	s:	
(i) Name of Fundraiser: Streamworks LLC		
<u> </u>	/ Name of functaiser. Defeamworks and		
/ ;	\ Addrogg of Fundraigor, 3640 Phoagant Bidgo Dr NE Blaino MN	55110	
<u>(i</u>) Address of Fundraiser: 3640 Pheasant Ridge Dr NE, Blaine, MN	55449	

Schedule G	(Form 990) Supplemental Infor	Goodwill	Industries,	Inc.	41-0706171	Page 4
Part IV	Supplemental Infor	mation _{(continue}	ed)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Goodwill	Industrie	s, Inc.					41-0706171
Part I General Information on Grants a	ınd Assistance	-				•	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to recipient that received more than s					anization answered "\	es" on Form 990, Part I	/, line 21, for any
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
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	-					

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					rent, education, food,
					clothing, medical,
Client Assistance for Participants	5611	1,454,441.	0.	FMV	transportation
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
Part I, Line 2:					
idic i, bine 2.					
Participants seeking assistance are	e require	d to make	an applica	tion for	
	-				
assistance. This is approved by a m	manager i	n mission	services a	nd receipts	
				_	
are required. Check requests for re	eimbursem	ent are ma	<u>de with an</u>	approved	
		1.1		1	
check request and are maintained in	n account	s payable	by vendor	name, by	
fiscal year.					
ribcar year.					

SCHEDULE J (Form 990)

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Goodwill Industries, Inc.

Part I Questions Regarding Compensation

 $\begin{array}{c} \textbf{Employer identification number} \\ 41-0706171 \end{array}$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
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:	6-		v
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	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	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-23	
3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
,	Regulations section 53.4958-6(c)?	9		
		_		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Michael Wirth-Davis, DPA	(i)	400,519.	294,274.	0.	23,474.	24,574.	742,841.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jinah Chernivec	(i)	243,340.	76,505.	0.	13,298.	38,062.	371,205.	0.
Chief HR & Risk Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Brent Babcock/Chief	(i)	244,249.	76,491.	0.	16,310.	30,577.	367,627.	0.
Sales and Marketing Office	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Sheila Olson/Chief Services	(i)	234,817.	75,041.	0.	12,892.	43,193.	365,943.	0.
& Programs Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Jeffery Uecker, CPA	(i)	242,471.	75,862.	0.	14,073.	32,200.	364,606.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Mary S Jones/Foundation	(i)	238,599.	60,560.	0.	11,696.	6,231.	317,086.	0.
Chief Philanthropy Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Keith Brooks	(i)	193,408.	25,375.	0.	4,850.	34,829.	258,462.	0.
Sr. Director, Services and Programs	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Peter Haggeman	(i)	162,136.	45,458.	0.	7,683.	30,121.	245,398.	0.
Director, E-Commerce	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Ann Marie Courchene	(i)	177,928.	23,355.	0.	7,333.	36,025.	244,641.	0.
Sr Director, Retail Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Nicholas Adams	(i)	192,176.	24,076.	0.	7,564.	1,893.	225,709.	0.
Senior Director, Retail Sales	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Milissa Orchard	(i)	134,909.	19,375.	0.	2,973.	34,509.	191,766.	0.
Director, HR Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

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.
Part I, Line 7:
Discretionary payments were made to Michael Wirth-Davis, Sheila Olson,
Jeffery Uecker, Jinah Chernivec, Brent Babcock, Mary Jones, Ann Marie
Courchene, Peter Haggeman, Nicholas Adams, Milissa Orchard and Keith Brooks
during calendar year 2023.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Name of the organization

Goodwill Industries, Inc.

Employer identification number 41-0706171

			•				•					
(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	e price (f) Description of purpose		(g) De	feased			. ,	
							Yes	No	Yes	No	Yes	No
						1						l
41-6005494	000000000	03/29/10	3,750	,000.	building			X		Х		X
						1						ĺ
	000000000	03/15/13	4,200	,000.	building			Х		X		X
						1						ĺ
41-1592821	000000000	02/27/15	6,500	,000.	building			X		Х		Х
)						ĺ
20-4003857	000000000	09/27/19	6,453	,237.	building			X		Х		X
		Α			В					D		
		. 2,42	7,474.	2,	056,132.	2,62	21,923	•	1	<u>, 249</u>	6.6	<u>21.</u>
		. 3,750	3,750,000.		4,200,000.		6,500,000		6,45		<u>53,237.</u>	
		50	50,000. 62,616.			4	<u>45,560.</u>			129	0,0	<u>65.</u>
		3,700				6,45	6,454,440.		6,324		!,1'	<u>72.</u>
					4,200.							
		20	010		2013	2	015			20	19	
		Yes	No	Yes	No	Yes	No		Yes		No	
ssue of tax-exempt b	onds (or,											
ue)?			X		X		X					<u> </u>
ssue of taxable bond	ls (or, if											
sue)?			X		X		X					<u> </u>
e?		Х		X		X			X			
ks and records to sup	port the											
		X		X		Х			X			
	41-6005494 41-6005442 41-1592821 20-4003857 issue of tax-exempt bue)? issue of taxable boncoue)? e? ks and records to sup	41-60054940000000000 41-60054420000000000 41-15928210000000000 20-40038570000000000 ssue of tax-exempt bonds (or, ue)? ssue of taxable bonds (or, if sue)?	41-6005494 000000000 03/29/10 41-6005442 000000000 03/15/13 41-1592821 000000000 02/27/15 20-4003857 000000000 09/27/19 A 2,42' 3,750 3,700 Yes sue of tax-exempt bonds (or, if sue)? e? e? xs and records to support the	41-6005494 000000000 03/29/10 3,750 41-6005442 000000000 03/15/13 4,200 41-1592821 000000000 02/27/15 6,500 20-4003857 000000000 09/27/19 6,453 A 2,427,474. 3,750,000. 50,000. 3,700,000. 2010 Yes No ssue of tax-exempt bonds (or, if the)? X ssue of taxable bonds (or, if the)? X seconds to support the	41-6005494000000000 03/29/10 3,750,000. 41-6005442000000000 03/15/13 4,200,000. 41-1592821000000000 02/27/15 6,500,000. 20-4003857000000000 09/27/19 6,453,237. A 2,427,474. 2, 3,750,000. 4, 50,000. 2010 Yes No Yes ssue of tax-exempt bonds (or, if sue)? e? X X X st and records to support the	### ### ##############################	### A B C C C C C C C C C C C C C C C C C C	Yes	Yes No		A	Ves No Ves No

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

Schedule K (Form 990) 2023

Part III Private Business Use		Δ		В		С	Г	`
Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No l	Yes	No	Yes	ĺ
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	162	X	162	X	162	X	162	No X
Are there any lease arrangements that may result in private business use of		22				21		21
bond-financed property?		Х		x		X		х
3a Are there any management or service contracts that may result in private		22		- 21		21		21
business use of bond-financed property?		Х		X		X		х
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside						1		
counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of								
bond-financed property?		Х		X		X		х
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other						1		
outside counsel to review any research agreements relating to the financed property?								
Enter the percentage of financed property used in a private business use by entities		1		1		<u>'</u>		I
other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %	_	00
5 Enter the percentage of financed property used in a private business use as a		70	<u>'</u>	70		70	<u> </u>	, ,
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %	_	00
6 Total of lines 4 and 5		.00 %		00 %		.00 %		00 9
7 Does the bond issue meet the private security or payment test?		X	<u> </u>	X		X	·	X
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		l x		X		х
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		ģ
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		70		70		
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?		х		x		X		х
Part IV Arbitrage								
arti Abidago		Δ		В		С		<u> </u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?				•		'		
a Rebate not due yet?		Х		Х		Х		Х
b Exception to rebate?	X		Х		Х			X
c No rebate due?		Х		Х		Х		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		-		<u>' </u>		<u> </u>		
performed								
3 Is the bond issue a variable rate issue?	X		X		X		Х	
92122 00.15.23		ı		1		Cab	edule K (For	m 000\ 200

Part IV Arbitrage (continued)								
		A	I	В)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X		X		X		X
Part V Procedures To Undertake Corrective Action								
		A	I	В)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		X		X		X		X
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instri	uctions.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Goodwill Industries, Inc.

 $Employer\ identification\ number \\ 41-0706171$

	rt I Types of Property	(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of deter	mining	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribution		ts
	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications	X		780,607.	FMV		
	Clothing and household goods	X		22,284,771.	FMV		
	Cars and other vehicles	X	341	155,786.	FMV		
	Boats and planes						
	Intellectual property						
	Securities - Publicly traded						
	Securities - Closely held stock						
	Securities - Partnership, LLC, or						
	trust interests						
	Securities - Miscellaneous						
	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution - Other						
	Real estate - Residential						
	Real estate - Commercial						
	Real estate - Other						
	Collectibles						
	Food inventory Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other ()						
	Other ()						
	Other ()						
	Other (
	Number of Forms 8283 received by the organi					0	
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement 29			ή_
	B : 11					Yes	+
1	During the year, did the organization receive b						
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used		-	
	exempt purposes for the entire holding period	?			30)a	L
)	If "Yes," describe the arrangement in Part II.						
	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribu	tions? 3	1	1
1	Does the organization hire or use third parties contributions?		•		32	2a X	
)	If "Yes," describe in Part II.						
	If the organization didn't report an amount in o	column (c) for	a type of property	for which column (a) is che	cked,		
	describe in Part II.	. ,	,, , , , ,	,			

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

Schedule M (Form 990) 2023

SCHEDULE 0 (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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Goodwill Industries, Inc.

Employer identification number 41-0706171

Form 990, Item C, Doing Business As:
Goodwill-Easter Seals Minnesota
Form 990, Part III, Line 4a, Program Service Accomplishments:
All programs offer case management/career navigation services and fall
into the following, broad categories:
Pre-Employment (exploring and developing general knowledge and skills
necessary for employment): 2,222 served fiscal year 2024.
Services include disability benefits counseling; on-the-job evaluation
and learning; Employment & Career Readiness; parenting;
post-incarceration support; and career exploration.
Training (providing inclusive, short-term, hands-on learning
environments that prepare individuals for careers and/or advanced
education in specific industries): 384 served fiscal year 2024.
Targeted industries include Construction, Retail, Business Services,
and Automotive; College & Career Navigation Services are also
available.
Employment & Career (connecting individuals to immediate employment and
building long-term careers): 3,125 served fiscal year 2024.
Services include job search and application support; job placement,
advancement, and retention; rapid re-placement for laid-off workers;
job advocacy and accommodation support; and career/education planning.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

Goodwill Industries, Inc.

Employer identification number
41-0706171

Form 990, Part VI, Section A, line 1a:

The Executive Committee shall have the authority to act on behalf of the organization and the board of directors. The Committee concerns itself with the following business areas: Board recruitment and development; human resources and compensation; real estate; bylaws; and compliance. The executive committee consists of the Chair, Past Chair, Vice Chair,

Treasurer, and Secretary. In addition, ex-officio members include the President and CEO, Chief Human Resources and Risk Officer, and Director of Executive Services.

Form 990, Part VI, Section B, line 11b:

The completed Form 990 and attachments are reviewed and approved by the

Audit Committee of the board before recommending them for approval to the

full board. The Board of Directors reviews and approves the Form 990 prior

to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

At the start of each board meeting, the Board Chair asks if there are any conflicts of interest related to the agenda. If there are potential conflicts, the person who has a potential conflict is asked to explain the conflict. If it is determined that a conflict exists, that person(s) may be present to discuss the issue, but cannot vote on the issue. Annually board members and senior management are required to complete and sign a possible conflict of interest statement that acknowledges receipt of the Board of Directors policy concerning conflict of interest. The form allows for the description of any possible conflict whether it is a business relationship by the board member or member of senior management or a family member who have a direct or indirect business relationship. Board members and senior

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

Goodwill Industries, Inc.

Employer identification number
41-0706171

management annually are provided a listing of all vendors with annual payments in excess of \$10,000 to assist in determination of a possible conflict of interest.

Form 990, Part VI, Section B, Line 15:

The President's compensation is set after a formal review of the organization's past year's performance is completed with the incumbent. The process includes the following steps:

- 1. Past performance increases are reviewed and verified.
- 2. The organization's budget plan for merit increases is confirmed.
- 3. The minimum, maximum, mean & median salary ranges for the position are reviewed in the annual Goodwill Industries, Inc. (GII) salary and compensation survey, the Easter Seals National (ESN) annual salary survey, the Minnesota Council of Non-Profits and the Employers Association surveys.
- 4. The Minnesota annual non-profit 100 report of total compensation for CEO's is reviewed.
- 5. The CEO's existing prerequisites are reviewed and compared to those
 listed for GII and ESN comparable sized affiliates. Changes are considered.
- 6. The salary increase is determined based on the organizational plan and performance results, while staying within the range of both GII and ESN salary surveys.

The compensation process for the executive team is as follows:

- 1. Performance and division goals and outcomes over the previous fiscal year are reviewed and discussed.
- 2. A salary increase is determined based on performance, budgeted merit increases and/or a market adjustment.

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization Goodwill Industries, Inc.	Employer identification number 41-0706171						
Form 990, Part VI, Section C, Line 19:							
These documents are made available upon request. The GWES	webpage has a web						
link to the latest 990 tax return (pdf format). There is a	lso a summary of						
financial information in our online annual report and in t	he link to						
Charities Review Council. www.smartgivers.org							

SCHEDULE R (Form 990)

Part I

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.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

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

(a)

Name, address, and EIN (if applicable)

2023

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Goodwill Industries, Inc.

(b)

Primary activity

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

Employer identification number 41-0706171

(f)

Direct controlling

of disregarded entity		foreign country)			е	ntity	
Goodwill Easter Seals Real Estate LLC							
553 Fairview Ave N					Goodwill In	dustrie	s,
St. Paul, MN 55104	Property Rental	Minnesota	837	,331. 16,83	37,723. Inc.		
	-						
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a)	ations. Complete if the organization (b)	n answered "Yes" on Form 990	0, Part IV, line 34, l	pecause it had one	or more related tax-exe	mpt	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	contr	512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
Goodwill-Easter Seals Foundation, Inc							
$\underline{47}$ -1694921, 553 Fairview Ave N, St. Paul, MN	Support Goodwill/Easter				Goodwill/Easter		
55104	Seals Minnesota	Minnesota	501(c)(3)	Line 12a, I	Seals Minnesota	X	
	+						

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

Organizations treated as a partitioning during the tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	lo
							<u> </u>			+	
			l .	l.					1		

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	()	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	1	i) ction b)(13) rolled ity?
		country)		,				Yes	No
	-								İ
Charitable Lead Annuity Trust (1)	Charitable trust	MN	N/A	TRUST					x
	_								İ
-	-								
									<u> </u>
	_								
	_								
									1

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	Х	Λ		
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
е	e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	c Lease of facilities, equipment, or other assets from related organization(s)				1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s))			11		Х		
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
0	Sharing of paid employees with related organization(s)				10	X			
р	name Reimbursement paid to related organization(s) for expenses				1 p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	complete thi	s line, including covered re	elationships and transaction thresholds.					
	Name of related organization Trans	(b) saction e (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved				
1) (Goodwill-Easter Seals Foundation Inc C	2	1,406,355.	General Ledger					
_,									
2)									
٥,									
3)									
4)									
4)									
E\									
5)		+							
6)									
3316	63 09-28-23			Schedule I	3 (Form	n 990	2022		
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000