### Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

A	For the	e 2022 calend	dar year, or tax	x year begi	nning		, 202	2, and endir	ng		, 2	20	
В	Check if	applicable:	С							D Employ	er identifi	cation number	
	X Add	dress change	GOODWILL	INDUST	RIES OF	SOUTH C	ENTRAL			77-	01292	83	
		me change	CALIFORNI							E Telepho			
	_	ial return	3511 UNIC							166	1) 83	7-0595	
	$\vdash$	I return/terminated	BAKERSFIE	ELD, CA	93305					(00	1, 00	. 0030	
	Am	ended return								G Gross	eceints \$	18,595,	642
	$\vdash$	olication pending	F Name and add	dress of princip	al officer: T	AKE SLAY	ron		H(a) Is thi	is a group retui	A		X No
	Ш		SAME AS C	ABOVE	UI	ANE SLAI.	LOIN		H(b) Are	all subordinates o," attach a list	included?	Yes	No
ī	Tax-e	xempt status:	X 501(c)(3)	501(c) (	)	(insert no.)	4947(a)(1)	or 527	If "No	o," attach a list	. See instr	uctions.	
J	Web		W.THEGOOD		RG.				H(c) Grou	ip exemption n	umber		
K	Form	of organization:	X Corporation	Trust	Association	Other		Year of forma				gal domicile: CA	
Pa	rt l	Summar								00		,	
	1 [	Briefly descri	be the organiz	ation's mis	sion or mos	st significant	activities: c	FF SCHE	DILE (	)	7,7		
d)	1							TITL DOILL	<u> </u>				
nce													
rns													
Governance	2 (	Check this bo				nued its oper					net ass	ets.	
ত			oting members								3		12
Se			dependent vot								4		12
Ϋ́			of individuals of volunteers								5		400
Activities &			ed business re								7a		0.
-			d business taxa								7b		0.
										Prior Year		Current Ye	
45	8 (	Contributions	and grants (P	art VIII, line	e 1h)					5,403,0	084.		,860.
Revenue			vice revenue (F							7,164,5		18,570	
eve			ncome (Part VI										
ď			e (Part VIII, co										
			e – add lines 8							22,567,6	552.	18,595	,642.
			imilar amounts						-				
			I to or for mem										
S	15		er compensation						-	9,457,5	581.	10,706	,931.
Expenses	16a	Professional	ssional fundraising fees (Part IX, column (A), line 11e)										
xbe	b T	Total fundrais	sing expenses	(Part IX, co	olumn (D),	line 25)							
ш	17 (	Other expens	ses (Part IX, co	olumn (A),	lines 11a-1	1d, 11f-24e).				8,471,3	L47.	9,942	,724.
	18	Total expense	es. Add lines 1	3-17 (must	equal Par	t IX, column	(A), line 25)		. 1	7,928,	728.	20,649	
	19	Revenue less	expenses. Su	btract line	18 from lin	e 12				4,638,9	924.	-2,054	
9 6									Beginn	ning of Curre	nt Year	End of Ye	ar
Net Assets or Fund Balances	20		(Part X, line 16						William Company of the Company	10,236,2		14,249	,114.
t As	21	Total liabilitie	es (Part X, line	26)						4,617,2	270.	8,105	,380.
S F	22	Net assets or	fund balances	s. Subtract	line 21 from	m line 20				5,619,0	005.	6,143	,734.
Pa	art II	Signatur	e Block										
Und	er penalti	ies of perjury, I de	eclare that I have ex arer (other than office	xamined this re	turn, including	accompanying so	chedules and sta	tements, and to	the best of	my knowledge	and belief	f, it is true, correct	, and
-	piete. Dei	T T Prepa	arer (other than offic	Let) is based of	T all illioilliatio	ir or writeri prepai	er rias arry know	vieuge.					
٥.		Signature of	officer	7					Date	u-c	- 63		_
Sig	gn				1					OTME C	700		
пе	i e		SLAYTON t name and title	py					PRESIL	DENT & C	LEO		
_			preparer's name		Preparer's	signature		Date		Check	i, P	TIN	
-	: 4		EY B ZIMME	TOMAN		EY B ZIM	MEDMAN			self-employ		02148993	
Pa	ıd epare					COUNTANC			<del></del>	sen-emplo)	cu   F	02140333	
Us	epare se Onl	Firm's name		TRUXTUN			L CORF	<del>Reality of the second of the </del>		Firm's EIN	95.	3100102	
-	5 5111	riim's addre		RSFIELD,						Firm's EIN 95-3109182 Phone no. (661) 324-4971			
Ma	v the IF	RS discuss th	nis return with				structions				-	X Yes	No
1710	, 11	.5 4155455 (1	rotain with	o propure	. Ono win al							** 163	110

	m 990 (2022) GOODWILL INDUSTRIES OF SOUTH CENTRAL	77-0129283 Pag	e <b>2</b>
Par	rt III Statement of Program Service Accomplishments		$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part III	······	X
1			
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were r	not listed on the prior	
	Form 990 or 990-EZ?		lo
	If "Yes," describe these new services on Schedule O.		
3		s, any program services? Yes X N	1-
J	If "Yes," describe these changes on Schedule O.	s, any program services? Yes X N	lo
,			
4	Describe the organization's program service accomplishments for each of its three lan Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra	gest program services, as measured by expense:	5.
	and revenue, if any, for each program service reported.	and and anotations to others, the total expenses	,
4a	a (Code:) (Expenses \$ 18,257,995. including grants of \$	) (Revenue \$ 12 395 507	
	SEE SCHEDULE O		
4h	<b>b</b> (Code:) (Expenses \$176,886. including grants of \$	) (Revenue \$ 175,275	
70			_
	SEE SCHEDULE O		
10	c (Code:) (Expenses \$including grants of \$	) (Payanya Š	
40			
	COMO AND		
			· — –
/1 ~1	d Other program services (Describe on Schedule O.)		
		\/Rayanua \$	
	(Expenses \$ including grants of \$ e Total program service expenses 18,434,881.	\ \( \text{(vexetime } \dagger \)	
46	e rotal program service expenses		



100001000250			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
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		X
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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
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, 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		Х
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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	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		х



			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		Х
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		Х
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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II	26		Χ
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? <i>If "Yes," complete Schedule R, Part VI</i>	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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	,		<u>ر</u>
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) GOODWILL INDUSTRIES OF SOUTH CENTRAL 77-0129283 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . 400 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... Х За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0...... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... **5**a X 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?..... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?...... Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.... 6b Organizations that may receive deductible contributions under section 170(c). a 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?.... Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided?...... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с X 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... 7f 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 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. a 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?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... **b** Gross receipts, included on Form 990, Part VIII, fine 12, for public use of club facilities.... 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... Gross income from other sources. (Do not net amounts due or paid to other sources against 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... Note: See the instructions for additional information the organization must report on Schedule O. 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..... c Enter the amount of reserves on hand..... 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14a Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O....... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ excess parachute payment(s) during the year?..... If "Yes," see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . 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 17 result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If "Yes," complete Form 6069.

Form 990 (2022) GOODWILL INDUSTRIES OF SOUTH CENTRAL 77-0129283 Page 6 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...... Section 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..... 12 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.... 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... X 2 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 6 Did the organization have members or stockholders?..... X 6 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?.... Х 7a 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 Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X **b** Each committee with authority to act on behalf of the governing body? ...... 8b 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..... Section 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... 11a Χ **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...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... SEE . SCHEDULE .O. X X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a X b Other officers or key employees of the organization ... SEE. .SCHEDULE . O ...... X 15b 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 X taxable entity during the year?..... 16a 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?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. 20

JAKE SLAYTON 3511 UNION AVENUE BAKERSFIELD CA 93305 (661) 837-0595

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor an	y related organiz	ation	con			ed any	/ cu	rrent officer, direct	or, or trustee.		
(A)	(B)	Pos	ition	(C) (do n	ot chi	eck mo	re	(0)	<b>(E)</b>	<b>(</b> E)	
(A) Name and title	(B) Average hours per	thar is	one both	box, an c ector	unles	s personal and a ee)	on	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from	
	per week (ist any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related organizations	
(1) JAKE SLAYTON	40										
PRESIDENT & CEO	0			Х				142,200.	0.	0.	
_(2)_JUSTIN_AHART	40										
VP OF RETAIL	0	<u> </u>				X	_	109,341.	0.	0.	
(3) XAVIER CANEZ DIRECTOR	$$ $\begin{vmatrix} 1 \\ 0 \end{vmatrix}$	Х						0.	0.	0.	
(4) CANDY CLINE-GETTMAN	1_										
DIRECTOR	0	X						0.	0.	0.	
(5) DANIEL KLINGENBERGER	1_										
SECRETARY	0	X						0.	0.	0.	
_(6)_ANTHONY_OLIVIERI											
DIRECTOR	0	X						0.	0.	0.	
(7) ERIC_SHUMATE	1										
DIRECTOR	0	Х						0.	0.	0.	
_(8)_ SEAN_BARKER	11					-					
TREASURER	0	X				ļ		0.	0.	0.	
_(9)_CINDY_UETZ	1										
VICE CHAIR	0	X						0.	0.	0.	
(10) EMMANUAL MOURTZANOS	11										
DIRECTOR	0	X						0.	0.	0.	
(11) MYRNA ARIAS								_		_	
DIRECTOR	0	X	_	<u> </u>				0.	0.	0.	
(12) CAMERON MAHONEY	1	١									
DIRECTOR	0	X						0.	0.	0.	
(13) JESSIE VALENCIA								_	_	_	
DIRECTOR	0	X						0.	0.	0.	
(14) JESSICA JANSSEN								_	_	_	
DIRECTOR	0	X	ĺ		1			0.	0.	0.	

BAA TEEA0107L 09/01/22 Form 990 (2022)

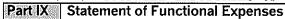
Page 8

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	plo	ye	es, a	anc	l Highest Com	pensated Emp	oyees (continued)
	(B)			(C	;)					<u> </u>
(A) Name and title	Average hours per week	I box	. unies	s pe	rson lirect	than o is both or/truste	an   ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15) JOEL ASKEW DIRECTOR	<u>1</u>	X						0.	0.	0.
(16) MAYRA ESTRADA	1								***************************************	
DIRECTOR (17) JEREMY SHUMAKER	0	Х						0.	0.	0.
DIRECTOR		X						0.	0.	0.
(18) JOSE GUERRERO PAST CHAIRMAN	3			х				0.	0.	0.
(19) DANHIRA BARAJAS MILLAN	2							***************************************		
CHAIR (20) RASMUS JENSEN	2			X	************			0.	0.	0.
PAST TREASURER	0			х				0.	0.	0.
VANESSA FRANCO CHAVEZ PAST SECRETARY	2			X				0.	0.	0.
(22)								0.	0.	<u> </u>
(23)										
(24)			and the second s							**************************************
										***************************************
(25)										
1b Subtotal								251,541.	0.	0.
c Total from continuation sheets to Part VII, Secti								0.	0.	0.
d Total (add lines 1b and 1c)								251, 541.	0.	O.
from the organization 2	to those	iisteu	auuv	C) 1º	¥1 IU	ICCCIV	,eu	more than wroo, ou	o or reportable comp	ensation
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc	tor, truste	ee, ke	ey en	nplo	oyee	e, or h	high	nest compensated	employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greater.	f reportab	le co	mpei	nsa	tion	and	oth	er compensation	from	
such individual				• • •			••••			. 4 X
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," compl	ete S	Chec	lule	Jfe	or suc	ch p	person		. 5 X
Complete this table for your five highest compen	sated ind	lepen	dent	cor	ntra	ctors	tha	it received more t	han \$100,000 of	
compensation from the organization. Report compensation		the c	alenc	iar y	year	endir	ng v	(B)	)	(C)
Name and business add	ress							Description	of services	Compensation
			_ 1)		- 1 - 1	J = (	\		16	
Total number of independent contractors (including \$100,000 of compensation from the organization)		iited t	o (no:	se II	ISTE	/00s L	ve)	wito received more	u (di)	
BAA		TEEA	0108L	09/0	01/22				· ·	Form <b>990</b> (2022)

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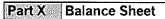
Form 990 (2022) GOODWILL INDUSTRIES OF SOUTH CENTRAL Part VIII Statement of Revenue

		Check if Schedul	le O contains a	resp	onse or note to an	y line in this Part V	III ,		
						(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, Grants, Amounts	b c	Federated campaig Membership dues . Fundraising events Related organizatio	.,	1a 1b 1c					
Contributions, Gifts, Grants, and Other Similar Amounts	e f	e Government grants (contributions) 1e  f All other contributions, gifts, grants, and similar amounts not included above 1f  Noncash contributions included in			24,860.				
Contra	_	lines 1a-1f		1g		24,860.			
e					Business Code				
eun.	2a	RETAIL SALES	<b>.</b>		459510	17,571,233.	17,571,233.		
ě	b	SALVAGE SALE			459510	824,274.	824,274.	***************************************	
e.	~	VOCATIONAL S			624310	175,275.			
Program Service Revenue	d	AOCULTONAL 3			624310	1/5,2/5.	175,275.		
am	е								
ogr		All other program s							
Pr	g	Total. Add lines 2a	-2f			18,570,782.			
	3	Investment income (i other similar amour							
	4	Income from invest	tment of tax-ex	cemp	t bond proceeds				
	5	Royalties							· · · · · · · · · · · · · · · · · · ·
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a						
	h	Less: rental expenses	6b						
		Rental income or (loss)	***************************************						
		Net rental income of		····					
	a	net rental income t							
	7a	Gross amount from	(i) Secui	nes	(ii) Other				
		sales of assets other than inventory	7a						
	b	Less: cost or other basis		<del></del>		Section of Guerra			
		and sales expenses	7b						
	С	Gain or (loss)	7c						
	d	Net gain or (loss).							Transfer of mosts are additional of the Business Color State (Color St
ne	8a	Gross income from funda	raising events						
en		(not including \$ of contributions reported	l sa tino 1s\						a complete the
ě			-	_					
<u>.</u>		See Part IV, line 18		8					
Other Revenu		Less: direct expens		. 8					
δ	С	Net income or (loss	s) from fundrai	sing	events				
	9a	Gross income from gami See Part IV, line 19	ing activities.	9	a				
	b	Less: direct expens	ses	9	b				
		Net income or (loss		L					
				,					
	(Ua	Gross sales of inventory, returns and allowances.	, iess	10	,a				
		Less: cost of goods		10					
		-							
	С	Net income or (loss	nom sales c	) IIIV			NOT A SECURE A SECURIA A SECURI	The second secon	
SI		***************************************	••••		Business Code				
Miscellaneous Revenue	11a								
ᇤ	b					ļ			
scellaneo Revenue	C								
<u> </u>	d	All other revenue							
Σ	е	Total. Add lines 11	a-11d						
		Total revenue. See				18 595 642	18 570 782	n	n



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 r				
Do 1 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
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			Name of the second	
5	Compensation of current officers, directors, trustees, and key employees	142,200.	0.	142,200.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	8,873,597.	7,922,990.	950,607.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits	578,677.	533,655.	45,022.	
10	Payroll taxes	1,112,457.	1,003,354.	109,103.	
11	Fees for services (nonemployees):				
	Management				
	Legal			-7	
	Accounting				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				
	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	246,533.	38,557.	207,976.	
13	Advertising and promotion  Office expenses	104,858.	104,625.	233.	
14	Information technology		***************************************		
15	Royalties	PHILADA.			
16	Occupancy.	2,725,541.	2,581,618.	143,923.	
17	Travel	466,306.	451,085.	15, 221.	- A
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	200, 300.	431,000.	13,221.	
	Conferences, conventions, and meetings	20,582.		20,582.	
20	Interest	139,036.	83,563.	55,473.	
21	Payments to affiliates				
	Depreciation, depletion, and amortization	279,449.	176,698.	102,751.	
	Other expenses. Itemize expenses not	130,969.	95,737.	35,232.	an (1988)
24	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.).				
а	VALUE OF DONATED GOODS SOLD	2,597,389.	2,597,389.	4444	
b		1,576,278.	1,576,278.		
c		725,618.	540,471.	185,147.	<u>.</u>
	BANK FEES	307,481.	297,513.	9,968.	
	All other expenses	622,684.	431,348.	191,336.	
	Total functional expenses. Add lines 1 through 24e	20,649,655.	18,434,881.	2,214,774.	0.
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)				
BAA		TEEA0110L 09	/01/22		Form <b>990</b> (2022)



		Check if Schedule O contains a response or note to	any li	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	5,229,489.	1	5,503,576.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			164,898.	4	217,224.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contri	per, director, butor, or 35%		5	
	6	Loans and other receivables from other disqualified po		l l			
	Ŭ	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	-		/****	7	***************************************
Ø	8	Inventories for sale or use		l l	432,991.	8	E21 017
Assets	9	Prepaid expenses and deferred charges		5,338.	9	521,817. 12,024.	
AS	_		1	ŀ	3,330.	<u> </u>	12,024.
	70a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	14,152,110.			
		Less: accumulated depreciation		6,306,136.	4,255,060.	10c	7,845,974.
	11	Investments – publicly traded securities			4,200,000.	11	7,043,574.
	12	Investments – other securities. See Part IV, line 11		}		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		1	******	14	
	15	Other assets. See Part IV, line 11	,	148,499.	15	148,499.	
	16	Total assets. Add lines 1 through 15 (must equal line	10,236,275.	16	14,249,114.		
	, -	The second of th	00/111		10,200,210.	'	14,040,114.
	17	Accounts payable and accrued expenses		1,219,757.	17	1,295,876.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		1		20	
<u>ie</u> s	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, d utor, or rsons	lirector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th			3,297,006.	23	6,729,140.
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			100,507.	25	80,364.
<b></b>	26	Total liabilities. Add lines 17 through 25			4,617,270.	26	8,105,380.
e S		Organizations that follow FASB ASC 958, check here	•	X			
Ě		and complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions		,	5,619,005.	27	6,143,734.
	28	Net assets with donor restrictions		_ (		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.		البيينا			
Φ m	29	Capital stock or trust principal, or current funds			29		
ķ	30	Paid-in or capital surplus, or land, building, or equipment			30		
A SE	31	Retained earnings, endowment, accumulated income,	į		31		
et.	32	Total net assets or fund balances			5,619,005.	32	6,143,734.
	33	Total liabilities and net assets/fund balances			10,236,275.	33	14,249,114.
BA.	Α		TEEA01	11L 09/01/22			Form 990 (2022)

orm 990 (2022)	GOODWITLL	INDUSTRIES	OF	SOUTH	CENTRAL.

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Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			[T]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,595	
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,649	
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,054	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,619	
5	Net unrealized gains (losses) on investments	5	<u> </u>	,
6	Donated services and use of facilities	6	2,597	. 389
7	Investment expenses	7	/	,
8	Prior period adjustments	8	-18	,647.
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,			
D	column (B)).	10	6,143	<u>,734.</u>
Fai	Time Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s 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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i></i>	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a		
b	Were the organization's financial statements audited by an independent accountant?		2b >	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:	ate		
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	• • • • • • • •	2c 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	За	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits	lit 	3b	
BAA			Form 99	0 (2022)

#### SCHEDULE A (Form 990)

#### **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name -	or tne	eorganization		NDUSTRIES OF S	OUTH CENTRAL			Employer identific	ation number
	non'u sedera	<del>, , , , , , , , , , , , , , , , , , , </del>	CALIFORNIA					77-012928	
Par		Reason	for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.
	rga				or lines 1 through 12,		-	•	
1	Ц				urches described in <b>sect</b>		b)(1)(A)(	i).	
2					ach Schedule E (Form				
3	Ц				zation described in sec				
4	Ш	A medical iname, city,		tion operated in conju	inction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	Enter the hospital's
5		An organiz	ation operated for <b>0(b)(1)(A)(iv).</b> (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organiza in <b>section</b>	ition that normally r 1 <b>70(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pu	blic described
8		A commun	ity trust described	in section 170(b)(1)(	<b>A)(vi).</b> (Complete Part I	l.)			
9		An agricultu or university university:	ral research organi  or a non-land-gran	zation described in <b>sec</b> nt college of agriculture	tion 170(b)(1)(A)(ix) opera (see instructions). Enter	ated in c the nan	onjunctione, city, a	on with a land-grant college and state of the college	ege or
10	X	An organize from activite investment	ties related to its e income and unre	y receives (1) more the exempt functions, sub- lated business taxable 509(a)(2). (Complete F	nan 33-1/3% of its supp ject to certain exception income (less section Part III.)	ort fromns; and 511 tax)	contrib (2) no r from b	utions, membership for more than 33-1/3% of usinesses acquired by	es, and gross receipts its support from gross the organization after
11				,	ly to test for public safe	ety. See	section	ı 509(a)(4).	
12		or more pu	iblicly supported o	rganizations describe	ly for the benefit of, to d in <b>section 509(a)(1)</b> o upporting organization is	r sectio	n 509(a)	<b>X2).</b> See section 5090	ut the purposes of one a)(3). Check the box on
а		Type I. A su	pporting organizati	on operated, supervised gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	rganizati	ion(s), typically by giving	g the supported on. <b>You must</b>
b		managemer	supporting organize tof the supporting plete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). <b>You</b>
С		Type III fund organizatio	ctionally integrated n(s) (see instructi	. A supporting organizat	ion operated in connection	n with, an <b>A, D, an</b>	nd functio	onally integrated with, its	supported
d		Type III non functionally	-functionally integrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection	with its s	supported organization(s	that is not
e		Check this	box if the organiz	ation received a writte	en determination from t supporting organization	he IRS	that it is	s а Туре I, Туре II, Туг	e III functionally
f				· ·					
g				n about the supported	<u> </u>				
	(i) Na	ame of supporter	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your g	s the tion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(~)								~^^*	
(B)									
(C)									
(D)									
(E)		······································					115000000000000000000000000000000000000		
Total									

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Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year (a) 2018 **(b)** 2019 (c) 2020(d) 2021 (e) 2022 (f) Total beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf..... The value of services or facilities furnished by a governmental unit to the organization without charge. . Total. Add lines 1 through 3... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line that exceeds 2% of the amount shown on line 11, column (f)... Public support. Subtract line 5 from line 4..... Section B. Total Support Calendar year (or fiscal year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total beginning in) Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)..... Total support. Add lines 7 through 10..... 12 Gross receipts from related activities, etc. (see instructions)...... First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage Public support percentage from 2021 Schedule A, Part II, line 14..... 16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization...... b 33-1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . .

TEEA0402L 09/09/22

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.)

~	fails to quality under the te						
	tion A. Public Support	1			I '		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,507,715.	1,638,439.	1,721,533.	3,903,084.	24,860.	8,795,631.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14981610.	15706245.	11670934.	17164568.	18570782.	78,094,139.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	16489325.	17344684. 0.	13392467. 0.	21067652.	18595642. 0.	86,889,770.
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.		0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
-	Public support. (Subtract line 7c from line 6.)	0.	U.		The second second		86,889,770.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	au year (or noour year beginning in)	(47 )	(0) 2015	(4)	(-/	(4) 4422	(i) Iolai
	Amounts from line 6	16489325.	17344684.		21067652.	18595642.	
9				13392467.	<u> </u>		86,889,770.
9 10a b	Amounts from line 6	16489325.	17344684.	13392467.	21067652.	18595642.	0.
9 10a b	Amounts from line 6				<u> </u>		86,889,770.
9 10a b	Amounts from line 6	16489325.	17344684.	13392467.	21067652.	18595642.	0. 0. 0.
9 10a b c 11	Amounts from line 6	16489325.	17344684.	13392467.	21067652.	18595642.	0.
9 10a b c 11	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).	16489325.	17344684.	13392467.	21067652. 0.	18595642. 0.	0. 0. 0. 0. 0. 86,889,770.
9 10a b c 11 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and	16489325.  0.  16489325.  for the organization stop here	17344684.  0.  17344684. on's first, second,	13392467.  0.  13392467. third, fourth, or f	21067652.  0.  21067652.  ifth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 86,889,770.
9 10a b c 11 12 13 14 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pu	16489325.  0.  16489325.  for the organizating stop here	17344684.  0.  17344684.  on's first, second,	13392467.  0.  13392467. third, fourth, or f	21067652.  0.  21067652.  ifth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 86,889,770.
9 10a b c 11 12 13 14 Sec 15	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pu	16489325.  0.  16489325.  for the organization stop here  blic Support F	17344684.  0.  17344684.  on's first, second,  Percentage n (f), divided by li	13392467.  0.  13392467. third, fourth, or third, fourth, or fourt	21067652.  0.  21067652.  ifth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 0. 100.00 %
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage from	16489325.  0.  16489325.  for the organization stop here  blic Support F  D22 (line 8, column 2021 Schedule A)	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.	13392467.  0.  13392467. third, fourth, or f	21067652.  0.  21067652.  ifth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 86,889,770.
9 10a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inventorial simple simple services and the services of the support percentage from tion D. Computation of Inventorial simple services and the support percentage from tion D. Computation of Inventorial simple services and the services are serviced to the services of the se	16489325.  0.  16489325.  for the organization stop here blic Support For the stop here	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage	13392467.  0.  13392467. third, fourth, or fine 13, column (f)	21067652.  0.  21067652.  ifth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 0. 86,889,770. 100.00 % 100.00 %
9 10a b c 11 12 13 14 Sec 15 16	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from thouse mention D. Computation of Investment income percentage	16489325.  0.  16489325.  for the organization stop here	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divided	13392467.  0.  13392467. third, fourth, or third	21067652.  0.  21067652.  iffth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 0. 86,889,770. 100.00 % 100.00 %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from the support percentage f	16489325.  0.  16489325.  for the organization stop here	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divid	13392467.  0.  13392467. third, fourth, or f	21067652.  0.  21067652.  iffth tax year as a	18595642.  0.  18595642. section 501(c)(3)	0. 0. 0. 0. 0. 0. 86,889,770. 100.00 % 100.00 %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from thousand tion D. Computation of Investment income percentage investment income percentage investment income percentage is not more than 33-1/3%, check	16489325.  0.  16489325.  for the organization stop here	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divid  lie A, Part III, line  fid not check the phere. The organ	13392467.  0.  13392467. third, fourth, or third	21067652.  0.  21067652.  ifth tax year as a  umn (f))  d line 15 is more as a publicly supp	18595642.  0.  18595642.  section 501(c)(3)  15  16  17  18 than 33-1/3%, ar orted organization	0. 0. 0. 0. 0. 0. 86,889,770.  100.00 % 100.00 % 0.00 % 0.00 %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  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.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	16489325.  16489325.  16489325.  16489325.  16489325.  16489325.  16 r the organization of the organizatio	17344684.  0.  17344684.  on's first, second,  Percentage  n (f), divided by li Part III, line 15.  me Percentage  column (f), divid  lie A, Part III, line  did not check the phere. The organ  did not check a boand stop here. The	13392467.  0.  13392467.  third, fourth, or	21067652.  0.  21067652.  iffth tax year as a  umn (f))  d line 15 is more as a publicly supp ne 19a, and line 1 ualifies as a public	18595642.  0.  18595642.  section 501(c)(3)  15  16  17  18  than 33-1/3%, ar orted organization 6 is more than 33-ly supported organization 6 is more tha	86,889,770.  0.  0.  0.  0.  86,889,770.  100.00 %  100.00 %  0.00 %  100.00 %  100.00 %

#### 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

	., , , , , , , , , , , , , , , , , , ,		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	ies	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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.	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Pa	art IV Supporting Organizations (continued)			
		Transport of the Control of the Cont	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	200000000000000000000000000000000000000	
	<b>b</b> A family member of a person described on line 11a above?	11b		
	C A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations	. ,		·····
_		C	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	7		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
		Age in the second	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
-	Did the average ties were ide to each of its averaged associations, but the last day of the fifth month of the	vastestes.	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instro	uction	5).
2			Yes	No
			163	10
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	iniza	tions	1 age 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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		
t	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1с		
	Total (add lines 1a, 1b, and 1c)	1d		
•	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		
Sec	tion 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	Electrical Company of the Company	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

BAA Schedule A (Form 990) 2022

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	t V │ Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continue	<u>d)</u>	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	2	
3	Administrative expenses paid to accomplish exempt purposes of	supported organizations		3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required - provide	le details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organiza in <b>Part VI</b> ). See instructions.	tion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	httl.		10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
- 6	From 2017				CONTRACTOR OF SECURITION OF SE
i	From 2018				
	From 2019				
	From 2020				
	From 2021				
	f Total of lines 3a through 3e				
Ç	Applied to underdistributions of prior years				
I	1 Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
ě	Applied to underdistributions of prior years				100 CONTRACTOR (100 CONTRACTOR)
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Domaining underdistributions for 2022, Subtract lines 2h and 4h				

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instructions.

8 Breakdown of line 7:

a Excess from 2018.....
b Excess from 2019....
c Excess from 2020....
d Excess from 2021....
e Excess from 2022.....

from line 1. For result greater than zero, explain in Part VI. See

7 Excess distributions carryover to 2023. Add lines 3j and 4c.

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	DDWILL INDUSTRIES OF SOUTH CENTRAL LIFORNIA	77-0129283
Pai		
Partition and	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
******		Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	d funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	
Pa	Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		orically important land area
		ified historic structure
	Preservation of open space	
2		rvation easement on the
	last day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements.	
	c Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ion during the
٠	tax year	or daring the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vic	ofations,
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	nents during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?	)(4)(B)(i) 
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sinclude, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	statement and balance sheet, and e organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Similar Assets.
1 :	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement an historical treasures, or other similar assets held for public exhibition, education, or research in furtherance Part XIII the text of the footnote to its financial statements that describes these items.	d balance sheet works of art, ce of public service, provide in
!	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of put following amounts relating to these items:	olic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	amounts required to be reported under FASB ASC 958 relating to these items:	_
	a Revenue included on Form 990, Part VIII, line 1	
	<b>b</b> Assets included in Form 990, Part X	\$

Part III Organizations Maintainin	ig Collection	ns of Art, His	toric	al Treasures,	or Other	r Similar As	sets	(contir	iued)_
3 Using the organization's acquisition, accessitems (check all that apply):	sion, and other	records, check a	ny of th	ne following that m	ake signific	cant use of its	collectio	n	
a Public exhibition		d 🗌 Loan	or excl	nange program					
<b>b</b> Scholarly research		e Other							
c Preservation for future generations		***************************************							
4 Provide a description of the organization's Part XIII.	collections and	explain how they	furthe	r the organization's	s exempt p	urpose in			
5 During the year, did the organization so to be sold to raise funds rather than to	be maintained	as part of the o	rganiz	ation's collection	?	<u>.</u>	Yes	<u> </u>	No
Part IV Escrow and Custodial Ar reported an amount on Form 990	rangements ), Part X, line 2	s. Complete if th 11.	ie orga	nization answered	l "Yes" on	Form 990, Par	t IV, lin	e 9, or	
1 a Is the organization an agent, trustee, co	ustodian or oth	er intermediary	for co	ntributions or oth	er assets i	not included ,	¬.,	_	٦
on Form 990, Part X?				• • • • • • • • • • • • • • • • • • • •			Yes		No
<b>b</b> If "Yes," explain the arrangement in Part X	dii and complet	e the following ta	oie:				Λ		
B							Amoun	[	
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									
2 a Did the organization include an amount						· .			No
<b>b</b> If "Yes," explain the arrangement in Pa	rt XIII. Check I	here if the expla	nation	has been provid	ed on Pari	: XIII		[	]
Part V Endowment Funds. Comp	lete if the orgar	nization answere	d "Yes'	" on Form 990, Pa	rt IV, line	10.			
(a)	Current year	(b) Prior yea	r	(c) Two years back	(d) T	hree years back	(e)	Four years	back
1 a Beginning of year balance									
<b>b</b> Contributions									***************************************
c Net investment earnings, gains, and losses.									
d Grants or scholarships									
e Other expenditures for facilities and programs.	****								
f Administrative expenses									
g End of year balance									***************************************
2 Provide the estimated percentage of the	e current vear	end balance (lir	ne 1a.	column (a)) held	as:				
a Board designated or quasi-endowment	,	%	J.	ζ-,,					
<b>b</b> Permanent endowment	%	<del></del>							
	<del></del> ~								
The percentages on lines 2a, 2b, and 2c s	•	1%							
The percentages of files 2a, 2b, and 2c s	riodia equal roc	770.							
3a Are there endowment funds not in the pos	session of the o	rganization that a	are held	d and administered	for the		ſ	- V	A1 -
organization by:								Yes	No
(i) Unrelated organizations							3a(i)		
(ii) Related organizations							3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the related or	-	*			• • • • • • • • • • • • • • • • • • • •		3b		
4 Describe in Part XIII the intended uses		ation's endowme	ent fun	nds.					
Part VI Land, Buildings, and Equ									
Complete if the organization ans	wered "Yes" on	ı Form 990, Part	IV, line	e 11a. See Form 9	90, Part X	, line 10.			
Description of property	(a) Cos	t or other basis	(b)	Cost or other	(c) Acc	umulated	(d)	Book va	lue
, ppy		vestment)		asis (other)	depr	eciation	\/		
<b>1 a</b> Land				1,685,282.			1	, 685,	282.
<b>b</b> Buildings				9,840,068.	4,	027,041.		, 813,	
c Leasehold improvements				912,369.		653,073.			296.
d Equipment				1,438,024.		351,482.		***************************************	542.
<b>e</b> Other				276,367.		274,540.			827.
Total. Add lines 1a through 1e. (Column (d)		rm 990. Part X	columi				7	,845,	
	,	.,							- / * *

Schedule D (Form 990) 2022

BAA

Part VII	Investments — Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV line	N/A 11h See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	-vear market value
	1 derivatives		(9, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	<u> </u>
(2) Closely	held equity interests			**-
(3) Other				
(A)				
(B)				
(C)				
(D)				*
(E) (F)				
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, column (B) line 12.)	<u> </u>	1,200	
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" on		N/A	
STEEN STREET	Complete if the organization answered "Yes" on		11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				·
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" on (a) De	<u>ronn 990, Part IV, Tine</u> scription	Fird. See Form 990, Part A, line 15.	(b) Book value
(1)				
(2)		*******		
(3)	MANAGEMENT MANAGEMENT AND			
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column (	B) line 15.)		V. W. M.
Part X	Other Liabilities. Complete if the organization answered "Yes" or	Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	<b>5</b>
1.		iption of liability	The of Thi. Gee Form 330, Fart X, line 2	(b) Book value
	al income taxes	<u></u>		(,
	CRRED RENT			80,364.
(3)		www.r		
(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(5) (6)				
(7)	MURCH CO.	***************************************		
(8)	***************************************			
(9)	14-24114-01414-01-24114-01-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
(10)				
(11)				
	n (b) must equal Form 990, Part X, column (B) line 25.)			80,364.
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's f	inancial statements that reports the organization's	liability for uncertain
cax positions u	nder FASB ASC 740. Check here if the text of the footnote ha	s been provided in Part XIII .		n'r'4771'V777'

STEVEN S	Reconciliation of Revenue per Audited Financial Statements with Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	1 Total revenue, gains, and other support per audited financial statements	1	18,595,642.
2	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIII.)		
	e Add lines 2a through 2d	1	
3	3 Subtract line 2e from line 1	3	18,595,642.
4	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIII.)		
	c Add lines 4a and 4b.	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,595,642.
		5	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	rn.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Retu	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Retu	rn.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:	5 Retu	rn.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b  c Other losses. 2c	5 Retu	rn.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b  c Other losses. 2c	5 Retu	rn.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a  b Prior year adjustments 2b	5 Retu	rn.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses.  d Other (Describe in Part XIII.).	5 Retu	rn.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.). 2d e Add lines 2a through 2d.  Subtract line 2e from line 1.  A Amounts included on Form 990, Part IX, line 25, but not on line 1:	5 Retu	z0,649,655.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.). 2d e Add lines 2a through 2d.  Subtract line 2e from line 1.  A Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	5 Retu	z0,649,655.
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	5 Return 1 2 2 e 3	z0,649,655.
1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).  ART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements.  Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.). 2d e Add lines 2a through 2d.  Subtract line 2e from line 1.  A Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	5 Return 1 2 e 3 4 c	z0,649,655.

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

#### PART X - FASB ASC 740 FOOTNOTE

Part XIII Supplemental Information.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), AND FROM CALIFORNIA FRANCHISE AND/OR INCOME TAXES UNDER SECTION 23701(D) OF THE REVENUE AND TAXATION CODE. FASB ASC TOPIC 740, INCOME TAXES, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION. MANAGEMENT BELIEVES THAT NO SUCH

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

#### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

UNCERTAIN TAX POSITIONS EXIST FOR

THE ORGANIZATION AT DECEMBER 31, 2021.

TEEA3305L 07/06/22

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GOODWILL INDUSTRIES OF SOUTH CENTRAL CALIFORNIA

Employer identification number

77-0129283

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE MISSION OF GOODWILL INDUSTRIES OF SOUTH CENTRAL CALIFORNIA (GOODWILL) IS TO PROVIDE WORK OPPORTUNITIES AND SKILLS DEVELOPMENT TO PEOPLE WITH BARRIERS TO EMPLOYMENT. GOODWILL PRIMARILY UTILIZES A TRANSITIONAL EMPLOYMENT PROGRAM MODEL, FUNDED THROUGH REVENUE GENERATED BY THE DONATED GOODS RETAIL PROGRAM, TO DELIVER MISSION SERVICES. GOODWILL PROVIDES EMPLOYMENT OPPORTUNITIES, TRAINING, AND CAREER SERVICES FOR PEOPLE WITH PHYSICAL, MENTAL, AND EMOTIONAL DISABILITIES, AS WELL AS THOSE WITH DISADVANTAGES SUCH AS WELFARE DEPENDENCY, HOMELESSNESS, SOCIAL AND CULTURAL BARRIERS, AND LACK OF EDUCATION OR WORK EXPERIENCE. ADDITIONALLY, GOODWILL PROVIDES ASSESSMENT AND EMPLOYMENT SERVICES TO CLIENTS OF THE CALIFORNIA DEPARTMENT OF REHABILITATION; SERVES AS A TRAINING WORKSITE FOR STUDENTS ENROLLED IN THE TRANSITION TO INDEPENDENT LIVING PROGRAM AT TAFT COLLEGE; AND OFFERS OPPORTUNITIES FOR COMMUNITY SERVICE PARTICIPANTS REFERRED BY THE COURTS, SCHOOL SYSTEMS, AND OTHER AGENCIES TO FULFILL THEIR REQUIRED SERVICE.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF GOODWILL INDUSTRIES OF SOUTH CENTRAL CALIFORNIA (GOODWILL) IS TO PROVIDE WORK OPPORTUNITIES AND SKILLS DEVELOPMENT TO PEOPLE WITH BARRIERS TO EMPLOYMENT. GOODWILL PRIMARILY UTILIZES A TRANSITIONAL EMPLOYMENT PROGRAM MODEL, FUNDED THROUGH REVENUE GENERATED BY THE DONATED GOODS RETAIL PROGRAM, TO DELIVER MISSION SERVICES. GOODWILL PROVIDES EMPLOYMENT OPPORTUNITIES, TRAINING, AND CAREER SERVICES FOR PEOPLE WITH PHYSICAL, MENTAL, AND EMOTIONAL DISABILITIES, AS WELL AS THOSE WITH DISADVANTAGES SUCH AS WELFARE DEPENDENCY, HOMELESSNESS, SOCIAL AND CULTURAL BARRIERS, AND LACK OF EDUCATION OR WORK EXPERIENCE. ADDITIONALLY, GOODWILL PROVIDES ASSESSMENT AND EMPLOYMENT SERVICES TO CLIENTS OF THE CALIFORNIA DEPARTMENT OF REHABILITATION; SERVES AS A TRAINING WORKSITE FOR STUDENTS ENROLLED IN THE

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

FOR COMMUNITY SERVICE PARTICIPANTS REFERRED BY THE COURTS, SCHOOL SYSTEMS, AND OTHER AGENCIES TO FULFILL THEIR REQUIRED SERVICE.

#### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THROUGH THE TRANSITIONAL EMPLOYMENT PROGRAM FUNDED THROUGH PROCEEDS FROM THE SALE OF DONATED GOODS, GOODWILL HIRES INDIVIDUALS WITH BARRIERS TO EMPLOYMENT AND PROVIDES THEM WITH STEADY INCOME TO HELP THEM ACHIEVE FINANCIAL INDEPENDENCE. GOODWILL UTILIZES ITS RETAIL STORES, DONATION CENTERS, AND WAREHOUSE SALVAGE OPERATIONS TO PROVIDE EMPLOYMENT AND JOB TRAINING TO PEOPLE WITH VOCATIONAL DISABILITIES OR DISADVANTAGES AND OTHER HAVING A HARD TIME FINDING EMPLOYMENT. GOODWILL ACCEPTS DONATIONS OF CLOTHING AND HOUSEHOLD GOODS FROM THE PUBLIC AND SELLS THESE DONATIONS IN GOODWILL'S COMMUNITY-BASED AND ONLINE RETAIL STORES. REVENUE FFROM THE SALE OF THESE GOODS GOES DIRECTLY TOWARDS SUPPORTING AND GROWING THE GOODWILL EMPLOYMENT PROGRAM. PARTICIPANTS IN THE PROGRAM LEARN BASIC LIFE AND EMPLOYABILITY SKILLS. AS WELL AS SPECIFIC SILLS THAT PREPARE THEM FOR EMPLOYMENT IN A VARIETY OF JOBS REQUIRING CUSTOMER SERVICE PROFICIENCY. IN 2022, GOODWILL HIRED 140 LOCAL INDIVIDUALS, 59.3% OF WHOM HAD A DOCUMENTED, DECLARED BARRIER TO EMPLOYMENT. THE AVERAGE HOURLY WAGE OF THOSE 140 INDIVIDUALS WAS \$14.27 PLUS BENEFITS AND 97.5% WERE HIRED INTO FULL TIME JOBS OF 35 OR MORE HOURS PER WEEK. GOODWILL WAS ABLE TO PROMOTE 63 INDIVIDUALS DURING THE YEAR AT AN AVERAGE ANNUAL WAGE INCREASE OF 18.2%. THE INTERNAL PROMOTIONS TOOK AN AVERAGE OF 12.8 MONTHS TO ACHIEVE.

#### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

GOODWILL PROVIDED PLACEMENT AND ASSESSMENT SERVICES FOR THE CALIFORNIA DEPARTMENT OF REHABILITATION (DOR) IN KERN, KINGS, AND TULARE COUNTIES. DOR IS AN EMPLOYMENT AND INDEPENDENT LIVING RESOURCE FOR PEOPLE WITH DISABILIITES. IN 2022, GOODWILL PROVIDED 28 SITUATIONAL ASSESSMENTS, AND PLACED 38 INDIVIDUALS IN COMMUNITY EMPLOYMENT WITH 58% RETENTION AT 90 DAYS. THE PEOPLE SERVED THROUGH THIS PROGRAM HAVE VOCATIONAL

Name of the organization GOODWILL INDUSTRIES OF SOUTH CENTRAL CALIFORNIA

Employer identification number 77-0129283

#### FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

BARRIERS INCLUDING PSYCHIATRIC, COGNITIVE, ADN PHYSICAL DISABILITIES. GOODWILL PROVIDED JOB READINESS TRAINING, RESUME DEVELOPMENT, INTERVIEW PREPAREDNESS, JOB PLACEMENT, AND RETENTION ASSISTANCE. THE TRANSITION TO INDEPENDENT LIVING (TIL) PROGRAM IS A POST-SECONDARY EDUCATIONAL EXPERIENCE AT TAFT COLLEGE FOR ADULTS WHO HAVE DEVELOPMENT/INTELLECTUAL DISABILITIES. THE PROGRAM PROVIDES INSTRUCTION, TRAINING, AND SUPPORT AND CAREER SKILLS NECESSARY FOR STUDENTS TO LIVE A PRODUCTIVE AND NORMALIZED LIFESTYLE. THROUGH REGULAR EMPLOYMENT, GOODWILL PROVIDES A WORK EXPERIENCE FOR LIVING INDEPENDENTLY UPON GRADUATION. IN 2021, GOODWILL PROVIDED SERVICES TO 5 INDIVIDUALS AS THE PROGRAM RECOVERED FROM COVID. THE KERN COUNTY DEPARTMENT OF HUMAN SERVICES REFERRED 7 INDIVIDUALS TO GOODWILL FOR WORK EXPERIENCE THROUGH THE EPP, PWEX, OR WELFARE TO WORK PROGRAMS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

# THE BOARD OF DIRECTORS MAINTAINS AN AUDIT AND COMPLIANCE COMMITTEE COMPRISED OF MEMBERS OF THE BOARD WHO ARE NOT OFFICERS, SALARIED EMPLOYEES, OR CONSULTANTS OF THE ORGANIZATION. COMMITTEE MEMBERS ARE TO BE INDEPENDENT OF MANAGEMENT AND FREE OF ANY RELATIONSHIPS THAT WOULD INTERFER WITH THE EXERCISE OF INDEPENDENT JUDGMENT. THE COMMITTEE MEETS ARE LEAST ONCE, THOUGH USUALLY TWO OR MORE TIMES DURING THE YEAR. ADDITIONALLY, THE PRESIDENT AND CHIEF EXECUTIVE PROVIDES A CORPORATE COMPLIANCE REPORT ANNUALLY TO THE COMMITTEE TO DEMONSTRATE CONFORMANCE WITH GENERALLY ACCEPTED OPERATIONAL AND ADMINISTRATIVE PRACTICES REGARDING CORPORATE COMLIANCE. INDIVIDUAL BOARD MEMBERS AND OFFICERS SIGN, UPON APPOINTMENT AND ANNUALLY THEREAFTER, BOTH A

CODE OF ETHICS STATEMENT AND A CONFLICT OF INTERENET STATEMENT, WHICH SETS FORTH

EXPECTATIONS FOR INDENTIFYING, DISCLOSING, AND DEALING WITH CONFLICTS, INCLUDING

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS (CONTINUED)

ABSTAINING FROM ANY VOTE WHERE CONFLICT IS PRESENT. GOODWILL MAINTAINS A
WHISTLEBLOWER HOTLINE PROGRAM, ADMINISTRED BY A THIRD-PARTY CONTRACTOR, TO PROVIDE
OPPORTUNITY FOR CONFIDENTIAL REPORTING OF SUSPECTED WRONGDOING BY EMPLOYEEES, BOARD
MEMBERS, AND MEMBERS OF THE GENERAL PUBLIC.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE GOODWILL BOARD OF DIRECTORS ABIDES BY CALIFORNIA'S NONPROFIT INTEGRITY ACT OF

2002 (SB 1262) WHICH PROVIDES THAT COMPENSATION, INCLUDING BENEFITS, OF TWO

OFFICERS, (THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER) MUST BE

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OR AN AUTHOIRZED COMMITTEE. IN 2018,

THE BOARD OF DIRECTORS AUTHORIZED AN AD HOC COMMITTEE OF THE BOARD TO CONDUCT THE

REVIEW TO DETERMINE THAT THE COMPENSATION IS JUST AND REASONABLE. THE COMMITTEE

UTILIZED MULTIPLE SALARY AND BENEFITS SURVEYS, INCLUDING REGIONAL DATA, TO ENSURE

THAT THE COMPENSATION AND BEENFITS PACKAGE IS APPROPRIATE FOR THE LOCAL MARKET. THE

COMMITTEE REPORTED AND MADE RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS. EXCEPT

FOR THE PRESIDENT AND CEO, NO MEMBERS OF THE BOARD OF DIRECTORS RECEIVES

COMPENSATION OR BENEFITS. THE BOARD OF DIRECTORS ALSO APPROVED THE ORGANIZATION'S

2021 SALARY SCHEDULE AND BENEFITS PLAN FOR THE EMPLOYERS OF THE ORGANIZATION,

INCLUDING THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOODWILL MAKES NON-CONFIDENTAIL INFORMATION AVAILABLE TO THE GENERAL PUBLIC VIA THE ORGANIZATION'S MAIN OFFICE LOCATION (4901 STINE ROAD, BAKERSFIELD, CALIFORNIA) AND VIA THE WEBSITE AT WWW.THEGOODWILL.ORG. PUBLIC DOCUMENTS INCLUDE AUDITED FINANCIAL STATEMENTS, ANNUAL FORM 990, ANNUAL REPORTS, THE MOST RECENT CARF ACCREDITATION SURVEY, AND OTHER DOCUMENTS THAT MAY ASSIST THE USER TO MAKE AN INFORMED DECISION ABOUT THE CHARITABLE MISSION OF THE ORGANIZATION.

#### 2022

# FEDERAL WORKSHEETS GOODWILL INDUSTRIES OF SOUTH CENTRAL CALIFORNIA

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# FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES GRANTS REVENUE	0.	0.	PART IX, LINE 25, COL. B PART IX, LINES 1-3, COL. B PART VIII, LINE 2, COL. A

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	<u>SERVICES</u>	<u>&amp; GENERAL</u>	<u>RAISING</u>
CONSULTING	TOTAL \$	246,533. 246,533.	38,557. \$ 38,557.	207,976. \$ 207,976.	\$ 0.

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
<del>-</del>	TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
DUES EQUIPMENTAL RENTAL & MAINTEN. OTHER	122,957. 145,956. -45,111.	2,190. 129,313. -45,111.	120,767. 16,643.	
POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS SPECIAL ASSISTANCE	263,294. 2,725. 1,680.	244,508. -1,026.	18,786. 3,751. 1,680.	
TELEPHONE TRAINING TOTAL \$\overline{5}\$	116,581. 14,602. 622,684.	90,268. 11,206. \$ 431,348.	26,313. 3,396. \$ 191,336.	<u>\$</u> 0.