PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number GOODWILL INDUSTRIES OF GREATER CLEVELAND Address change AND EAST CENTRAL OHIO, INC. Name change 34-0909974 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 408 NINTH STREET S.W. 330-454-9461 70,866,822. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return Applica-tion pending 44707-4799 CANTON, OH H(a) Is this a group return F Name and address of principal officer: ANNEMARIE RICHARDS Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.GOODWILLGOODSKILLS.ORG H(c) Group exemption number **K** Form of organization: X Corporation Other L Year of formation: 1918 M State of legal domicile: OH Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: WE EMPOWER PEOPLE ON THEIR **Activities & Governance** JOURNEY TO INDEPENDENCE THROUGH THE SALE OF DONATED GOODS. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 1715 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 7,732,897. 7,218,957. Contributions and grants (Part VIII, line 1h) 8 39,306,568. 40,263,424. Program service revenue (Part VIII, line 2g) 123,666. 1,385,835. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 329,738. 590,353. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 47,492,869. 49,458,569. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 46,578. 24,130. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 22,652,532. 25,373,376. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 22,732,572. 22,173,822. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 47,571,328. 45,431,682. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,061,187. 1,887,241. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 57,140,742. 59,024,949. Total assets (Part X, line 16) 26,083,622. 25,949,601. 21 Total liabilities (Part X, line 26) 三年 31,057,120. 33,075,348 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANNEMARIE RICHARDS, PRESIDENT & CEO Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name 08/05/24 P00671418 BRIDGETTE MUGGE BRIDGETTE MUGGE self-employed Paid Firm's name SIKICH LLC Firm's EIN 36-3168081 Preparer Firm's address 4020 KINROSS LAKES PARKWAY, SUITE 300 Use Only Phone no. (330)864-6661 RICHFIELD, OH 44286 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	1 990 (2023) AND EAST CENTRAL OHIO, INC. 34-0909974 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: WE EMPOWER PEOPLE ON THEIR JOURNEY TO INDEPENDENCE THROUGH THE SALE OF
	DONATED GOODS, WHICH SUPPORTS EMPLOYMENT PROGRAMS AND FAMILY SERVICES.
	DONATED GOODS, WHICH SOFFORTS EMFEDIMENT FROGRAMS AND FAMILI SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$39,032,157. including grants of \$) (Revenue \$39,744,256.
	THRIFT STORE - COLLECTION AND PROCESSING OF USED GOODS. PROVIDES WORK
	STATIONS, TRAINING AND EMPLOYMENT FOR PERSONS IN VOCATIONAL
	REHABILITATION AND OTHER PROGRAMS.
	·
4b	(Code:) (Expenses \$3, 150, 966. including grants of \$24, 130.) (Revenue \$1, 109, 521.
	MISSION SERVICES -PROVIDES VOCATIONAL TRAINING AND ASSISTS INDIVIDUALS
	WITH OBTAINING AND MAINTAING EMPLOYMENT AND INDEPENDENT LIVING. THIS
	INCLUDES TRAINING IN COMPUTER SKILLS, PARENTING AND LITERARY SERVICES.
	ESTIMATED NUMBER OF INDIVIDUALS SERVED IN 2023: 11,433
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
→u	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 42,183,123.
40	Total program service expenses 42,183,123.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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	<u> </u>		 -
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	"		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	$^{\prime}$	11a	Х	
L	Part VI	I Ia	- 21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	3		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ .
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u>_</u> _
	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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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

Form 990 (2023) AND EAST CENTRAL O
Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at some than \$5,000 of average as at her assistance to as few demonstriction in this ideal are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		х	
04-	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contound to containe a response of flote to any line in this fact v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 105		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 103 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
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| 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 2a 1715										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
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).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
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?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
9											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 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										
b											
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa									
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?	13a									
_	Note: See the instructions for additional information the organization must report on Schedule O.	100									
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand 13c										
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									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		х							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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AND EAST CENTRAL OHIO, INC.

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34-0909974 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
		ı	l -	- E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u> </u>			
	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.		_	ااما			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			. -	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the						77
					3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 98				4		
5	Did the organization become aware during the year of a significant diversion of the organization's asse				5		X
6	Did the organization have members or stockholders?			. -	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	-			_		v
_	more members of the governing body?			· -	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						v
_	persons other than the governing body?			. -	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.				0-	v	
a	The governing body?			- 1	8a	X	
ь	Each committee with authority to act on behalf of the governing body?			· -	8b	^-	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		Х
Sec	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>				9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>/enue</u>	Code.)			Yes	No
100	Did the organization have local chapters, branches, or affiliates?			Γ.	10a	X	INO
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			· -	iva		
b		•		١.	10b	x	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		e filing the form?	⊢	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	DOIOI	e ming the form:		i ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			- 1	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			"			
Ū	on Schedule O how this was done	,		.	12c	x	
13	Did the organization have a written whistleblower policy?				13	х	
14	Did the organization have a written document retention and destruction policy?			· _	14	х	
15	Did the process for determining compensation of the following persons include a review and approval			.			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,					
а	The organization's CEO, Executive Director, or top management official			Γ.	15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?			. [.	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's				
	exempt status with respect to such arrangements?			. .	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed OH						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)	(3)s c	nly) a	vailab	ole
	for public inspection. Indicate how you made these available. Check all that apply						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict c	of interest policy,	and fi	inanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	MICHELE TOKOS - 330-445-1043						
	408 NINTH STREET S.W., CANTON, OH 44707-4799						

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not cl	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ANNEMARIE RICHARDS PRESIDENT & CEO	2.00			Х				371,052.	0.	15,733.
(2) MARK TREW	40.00							37170321	•	2377331
COO	2.00	-				x		216,266.	0.	23,480.
(3) TANZALEA DANIELS	40.00									
CFO, ASST. TREASURER	2.00			Х				198,691.	0.	23,480.
(4) BRYANT TAYLOR	40.00									•
VP OF INNOVATION & INFORMATION TECHN						Х		166,089.	0.	23,660.
(5) MAUREEN ATER	40.00									
VP OF MARKETING AND DEVELO						Х		136,645.	0.	23,480.
(6) ELLEN MCCARTHY	40.00									
VP OF DIVERSITY, EQUITY & INCLUSION						X		114,980.	0.	18,677.
(7) LUKE CLELAND	2.00									
CHAIRPERSON	2.00	Х		Х				0.	0.	0.
(8) KATIE SPAHNIE	2.00								_	_
VICE CHAIRPERSON	2.00	Х		Х				0.	0.	0.
(9) TAYLOR SCHAUER	2.00									_
TREASURER	2.00	Х		Х				0.	0.	0.
(10) MARCIE FINNEY	2.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(11) ALISHA DAVIDSON	2.00									•
DIRECTOR	0.00	Х				_		0.	0.	0.
(12) CARRIE ROSENFELT	2.00									0
DIRECTOR	2 00	Х						0.	0.	0.
(13) CLEO LUCAS	2.00	37							0	0
DIRECTOR (14A) DAVID HENKEL	2 00	Х						0.	0.	0.
(14) DAVID HENKEL DIRECTOR	2.00	Х						0.	0.	0
(15) DEBJANI ROY	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(16) EDWARD SMITH	2.00							0.	0.	<u></u>
DIRECTOR		Х						0.	0.	0.
(17) GREG LUNTZ	2.00								•	<u> </u>
DIRECTOR		х						0.	0.	0.
									, , , , , , , , , , , , , , , , , , , ,	Form 990 (2022)

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Form 990 (2023)

	. CENTRAL	<u>, (</u>)H T	<u>.u,</u>		.NC	•		34-0909	9/4 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more to				nne	Reportable compensation	Reportable compensation	Estimated
	hours per	box	, unle	ss per	s person is both an					amount of
	week		Cer ar	er and a director/trustee)			lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	l trus		99/	m pen		1099-NEC)	1000 NEO)	and related
	below	idual t	ution	<u></u>	Key employee	sst co	-e	,		organizations
	line)	Indiv	Institutional trustee	Officer	Key e	Highest compensated employee	Former			
(18) JENNIFER EARLES	2.00									
DIRECTOR		Х						0.	0.	0.
(19) RON PLAZEK	2.00									
DIRECTOR		Х						0.	0.	0.
(20) SHANA MARBURY	2.00									
DIRECTOR		Х						0.	0.	0.
(21) STACY FEINER	2.00									
DIRECTOR		Х						0.	0.	0.
(22) TIFFANY EVANS	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
						_				
		-				_				
		-								
dh Cubtatal							<u> </u>	1,203,723.	0.	128,510.
1b Subtotal								1,203,723.	0.	0.
c Total from continuation sheets to Part								1,203,723.	0.	128,510.
d Total (add lines 1b and 1c)										120,310.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

the organization. Heport compensation for the daiendar year chaing with or with	The organization of tax your.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
M-ST CLAIR LLC, 30100 CHAGRIN BLVD STE	LANDLORD / PROPERTY	
201, PEPPER PIKE, OH 44124	MGMT	512,759.
J.B. HARRISON PROPERTIES, LLC, PO BOX 364,	LANDLORD / PROPERTY	
151 BODMAN PLACE, STE 201, NC 28480	MGMT	462,433.
J J & W X LTD, C/O WAYNE WHIPKEY, 10035	LANDLORD / PROPERTY	
SOUTHWYCK AVE NW, NORTH CANTON, OH	MGMT	426,424.
CS CENTER LLC, 151 BODMAN PLACE, STE 201,	LANDLORD / PROPERTY	
RED BANK, NJ 07701	MGMT	419,431.
LEXI SALES, LLC, 9040 TOWN CENTER PARKWAY,		
BRADENTON, FL 34202	CLOSEOUTS	376,170.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 21		
		- 000 ()

Form **990** (2023)

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Form 990 (2023) AND EAS
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1 :	_	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	1 6		Membership dues			1b					
يَّجُ وَ						1c					
fts, Ar			Fundraising events			1d					
ig ig	(Related organizations				2 025 397				
ns, Sim	•		Government grants (contr			1e	2,025,387.				
e ë	1	T	All other contributions, gifts,				F 102 F70				
들됨			similar amounts not included			1f	5,193,570.				
ont od (ç		Noncash contributions included in	lines 1	la-1f	1g \$	4,337,619.	E 010 055			
O B	ŀ	h	Total. Add lines 1a-1f					7,218,957.			
							Business Code				
Se	2 8	2 a THRIFT STORE SALES					459510	39,744,256.	39744256.		_
Program Service Revenue	k		PROGRAM FEES, NON-GO	OVER	NMEN'	T	624310	281,184.	281,184.		_
S	(С	COMMUNITY CAMPUS				624310	237,984.	237,984.		
ar	•	d									
og B	•	е									
<u> </u>	f	f	All other program service	reve	nue						
	ç	g	Total. Add lines 2a-2f					40,263,424.			
	3		Investment income (include								
			other similar amounts)					431,887.			431,887.
	4		Income from investment of								
	5		Royalties								
			···- , -······) Real	(ii) Personal				
	6 a	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	·····	(i) S	ecurities	(ii) Other				
	, ,	а	assets other than inventory	7a	<u> </u>	362,201.	1				
			Less: cost or other basis	1 a	22,	302,201.	<u>' </u>				
o o	K	D		71.	21 .	343,942.	64,311.				
ž			and sales expenses	7b 7c		018,259.					
eve			Gain or (loss)					052.040			052.049
her Revenue			Net gain or (loss)					953,948.			953,948.
	8 8	а	Gross income from fundraising	ng ev	ents (r	not					
ō			including \$			_					
			contributions reported on								
			Part IV, line 18				1				
			Less: direct expenses)				
			Net income or (loss) from								
	9 a	a	Gross income from gamin								
			Part IV, line 19			9a	1				
	k	b	Less: direct expenses			9b					
	C	С	Net income or (loss) from	gam	ing ac	tivities					
	10 a	а	Gross sales of inventory, I	ess ı	return	s					
			and allowances			10	а				
	k	b	Less: cost of goods sold				b				
			Net income or (loss) from								
			<u>-</u>				Business Code				
snc	11 a	а	MISCELLANEOUS				900099	590,353.	590,353.		
ne	ŀ	b						,			
Miscellaneous Revenue		c									
Sc	ì		All other revenue								
Σ			Total. Add lines 11a-11d					590,353.			
	12		Total revenue. See instruction					49,458,569.	40853777.	0.	1385835.

Part IX | Statement of Functional Expenses

_	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0.4.4.0.0			
	individuals. See Part IV, line 22	24,130.	24,130.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	600 056		600 056	
_	trustees, and key employees	608,956.		608,956.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	20 512 015	10 222 070	2 147 065	21 071
7	Other salaries and wages	20,512,815.	18,332,979.	2,147,965.	31,871
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,477,165.	2,190,826.	280,921.	5 /11Q
9	Other employee benefits	1,774,440.	1,556,103.	215,994.	5,418 2,343
10	Payroll taxes	1,//4,440.	1,330,103.	213,334.	4,343
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	48,637.		48,637.	
	Other. (If line 11g amount exceeds 10% of line 25,	40,037.		10,0371	
g	column (A), amount, list line 11g expenses on Sch 0.)	1,284,059.	652,581.	628,035.	3,443
12	Advertising and promotion	715,689.	608,288.	92,460.	14,941
13	Office expenses	1,262,181.	1,074,173.	187,240.	768
13 14	Information technology		2,0,2,2,00	207,2200	, , , ,
15	Royalties				
16	Occupancy	7,290,664.	7,164,370.	126,294.	
17	Travel	235,595.	183,260.	52,135.	200
 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	93,630.	93,630.		
21	Payments to affiliates	168,683.	137,326.	31,357.	
22	Depreciation, depletion, and amortization	1,921,774.	1,416,842.	504,932.	
23	Insurance	389,239.	316,451.	72,788.	
24	Other expenses. Itemize expenses not covered	·	·	·	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	COST OF DONATED GOODS	4,337,619.	4,337,619.		
b	RETAIL SUPPLIES	2,594,319.	2,594,319.		
C	REPAIRS AND MAINTENANCE	1,454,186.	1,303,323.	150,863.	
d		,,	, ,	,	
	All other expenses	377,547.	196,903.	173,460.	7,184
25	Total functional expenses. Add lines 1 through 24e	47,571,328.	42,183,123.	5,322,037.	66,168
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)				

Form 990 (2023) Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 2,023,120. 3,308,678. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 294,478. 791,444. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 181,563. 190,313. Notes and loans receivable, net 7 396,960. 469,331. Inventories for sale or use 8 454,948. 385,843. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 37,346,405. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 20,992,778. 17,139,370. 16,353,627. 10c 13,745,071. 12,867,102. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 22,832,861. 24,730,982. 15 15 Other assets. See Part IV, line 11 57,140,742. 59,024,949. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,460,712. 2,406,440. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 3,037,815. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 21,585,095. 23,543,161. 25 of Schedule D 26,083,622. 25,949,601. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 29,438,311. 27 31,417,453. 27 Net assets without donor restrictions Net assets with donor restrictions 1,618,809. 1,657,895. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31,057,120. 33,075,348. Total net assets or fund balances 32 32 57,140,742. 59,024,949. 33 Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	49	, 45	8,5	<u>69.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	47	,57	1,3	28.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,88	7,2	41.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	,05	7,1	20.			
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		11	7,7	89.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	33	,07	5,3	48.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C) .						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GOODWILL INDUSTRIES OF GREATER CLEVELAND

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

				AL OHIO, INC					<u>4-090997</u>	4
Pa	rt I	Reason for Public (Charity Status.	(All organizations must	complete th	nis part.) S	ee instructions			
The o	organ	ization is not a private found								
1	Ŏ.	A church, convention of ch	,	•	•	,	IXAXi).			
2	一	A school described in sect					76-76-7-			
3	Ħ	A hospital or a cooperative		•		VhV1VΔVii	i)			
4	H	A medical research organiz					•	iii) Enter	the hospital's n	ama
4	ш		ation operated in col	njunction with a nospite	i described	iii Sectio	II 170(b)(1)(A)(iii). Liitei	trie riospitai s ri	arrie,
_		city, and state:	ar the benefit of a co	llaga ar university avera	d ar anarat	ad by a aa	varamantalun	it deceribe	nd in	
5	Ш	An organization operated for		nege or university owner	d or operat	ed by a go	vernmentai un	it describe	ed in	
	$\overline{}$	section 170(b)(1)(A)(iv).	•							
6		A federal, state, or local government	•				. ,			
7	X	An organization that norma		ntial part of its support	from a gove	ernmental i	unit or from the	e general p	oublic described	ni t
		section 170(b)(1)(A)(vi). (C	complete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a la	and-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	, and state of t	he college	or	
		university:								
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from c	ontribution	ns, membership	fees, and	d gross receipts	from
		activities related to its exen								
		income and unrelated busin		•					-	
		See section 509(a)(2). (Con		(iooo oooiioii o i i iaay ii		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
11		An organization organized a		ively to test for nublic s	afety See	section 50	19(2)(4)			
 12	H	An organization organized a	•		•			y out the	nurnoses of one	e or
12	ш	more publicly supported or	•	•	•			-	•	
			-						DITECK THE DOX C	11
		lines 12a through 12d that	* *			-		-		
а			· · · · · · · · · · · · · · · · · · ·	· ·	•	-				
		the supported organization			a majority o	of the direc	tors or trustees	s of the su	ipporting	
		organization. You must o								
b			janization supervised	or controlled in connec	tion with it	s supporte	d organization	(s), by hav	ring	
		control or management o	of the supporting orga	anization vested in the	same perso	ns that co	ntrol or manage	e the supp	oorted	
		organization(s). You mus	st complete Part IV,	Sections A and C.						
С			egrated. A supportin	g organization operated	I in connect	tion with, a	and functionally	integrate	d with,	
		its supported organization	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	oorting organization ope	rated in co	nnection w	ith its support	ed organiz	ation(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a distr	ibution rec	uirement and	an attentiv	eness	
		requirement (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination from	om the IRS	that it is a	Type I, Type II	, Type III		
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	•		
f	Ente	er the number of supported o		, , ,	0 0					
		vide the following information	•	ed organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount o	fother
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see inst	ructions)
				above (see instructions))						
	-									

332021 12-21-23

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	7169508.	5082556.	10204354.	7732897.	7218957.	37408272.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	7169508.	5082556.	10204354.	7732897.	7218957.	37408272.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						37408272.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	7169508.	5082556.	10204354.	7732897.	7218957.	37408272.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	119,644.	69,361.	132,047.	186,432.	431,887.	939,371.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	275,463.	1287588.	181,804.	329,738.				
11	Total support. Add lines 7 through 10						41012571.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 185	5,222,357 .		
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
	organization, check this box and stop								
	ction C. Computation of Publi								
	Public support percentage for 2023 (li					14	91.21 %		
	Public support percentage from 2022					15	92.68 %		
16a	33 1/3% support test - 2023. If the o								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2022. If the o	•		•		•			
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization				
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	op here. Explain i	n Part VI how the			
	organization meets the facts-and-circu								
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2023		

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Schedule A (Form 990) 2023 AND EAST CENTRAL OHIO, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					т т	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Т Т	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19	a 33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	10		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9c		
	10a		
	10b		
lule	A (Forn	n 990)	2023

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332024 12-21-23

Schedule A (Form 990) 2023

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2b

За

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental I	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, line 1; Part IV, Secti	ines 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, ion 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, 3, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS	
2019 AMOUNT: \$	275,463.
2020 AMOUNT: \$	1,287,588.
2021 AMOUNT: \$	181,804.
2022 AMOUNT: \$	329,738.
2023 AMOUNT: \$	590,335.

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No. 1545-0047

2023

Open to Public

Inspection

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

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

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

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

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

• Section 501(c)(4), (5)), or (6) organization	ns: Complete Part III.
	COODETEE	TAIDITAMD THA

Nan	ne of organization GOODWIL	L INDUSTRIES OF	GREATER CLEV	VELAND	Employer identification number
	AND EAS	T CENTRAL OHIO,	INC.		34-0909974
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 52	7 organization.
2	Provide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV.	\$
Pa	art I-B Complete if the org	janization is exempt und	ler section 501(c)((3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	j	\$
	a Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	janization is exempt und	ler section 501(c),	except section 50	01(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for se	ection 527	
	exempt function activities				\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	,	
	line 17b				. \$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses, and en	mployer identification number (E	IN) of all section 527 po	olitical organizations to	which the filing organization
	made payments. For each organiza				· ·
	contributions received that were pro-			· ·	parate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's contributions received and

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023

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Part II-A Complete if the orga section 501(h)).	nization is exer	npt under section	on 501(c)(3) and file		ection under
	-		in Part IV each affiliated (group member's nam	ne, address, EIN,
B Check if the filing organization	, ,	•	rovisions apply.		
	on Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line	•	, , , ,			
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (Λ.			
f Lobbying nontaxable amount. Enter	•				
If the amount on line 1e, column (a) or (bying nontaxable ar			
not over \$500,000,		the amount on line 1	11		
over \$500,000 but not over \$1,000,0		00 plus 15% of the ex			
over \$1,000,000 but not over \$1,500			cess over \$1,000,000.		
over \$1,500,000 but not over \$17,000			ess over \$1,500,000.		
over \$17,000,000,	\$1,000		σοσ σνοι φτ,σσο,σσο.		
g Grassroots nontaxable amount (ente					
h Subtract line 1g from line 1a. If zero	, .				
i Subtract line 1f from line 1c. If zero c					
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720					
reporting section 4911 tax for this ye		_			Yes N
(Some organizations tha	4-Year Av t made a section 5	eraging Period Unde	er Section 501(h) t have to complete all o		elow.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			((b)	
the lobbying activity.	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		Х			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?		Х			
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?					
j Total. Add lines 1c through 1i				(
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), sec	ion 501(c)(5), or se	ction		
501(c)(6).			_		
			Yes	No	
			103		
, , , , , , , , , , , , , , , , , , , ,			103		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	103		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior year	2 ? 3 5), or se	ection	3. is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	the prior year ion 501(c)(d "No" OR	2 ? 3 5), or se (b) Part	ection	9 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(d "No" OR	2 ? 3 5), or se (b) Part	ection	9 3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members	the prior year ion 501(c)(d "No" OR	2 ? 3 5), or se (b) Part	ection	3, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	the prior year ion 501(c)(d "No" OR	2 ? 3 5), or se (b) Part	ection	23, is	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid). a Current year	the prior year ion 501(c)(d "No" OR	2 3 5), or se (b) Part	ection	3, is	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO, INC.

Employer identification number 34-0909974

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, d	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Sin	nilar Ass	ets (cont	inued))
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	ollowing that	t make s	ignific	ant use of	its		
	collection items (check all that apply).										
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizatio	on's exer	mpt pı	urpose in F	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical treas	sures, or othe	er similar	r asset	ts			
	to be sold to raise funds rather than to be ma	intained as part of t	he orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements Comple	te if the	organization	answered "	Yes" on	Form	990, Part I	V, line 9, or		
	reported an amount on Form 990, Part	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other as	sets not	inclu	ded			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a						_				
									Amou	nt	
С	Beginning balance						L	1c			
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or cu	ıstodial acco	unt liabil	lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization and	swered	"Yes" on For	m 990, Part	IV, line 1	0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Th	rree years b	ack (e) Fou	ır year	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment9	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	it are held ar	nd administer	red for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
										4	
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on S	chedule R?					3b	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u> </u>
4	Describe in Part XIII the intended uses of the		wment 1	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990), Part I\	/, line 11a. S	ee Form 990), Part X,	line 1	0.			
	Description of property	(a) Cost or o			or other			ulated	(d) Boo	ok valı	ue
		basis (investr	nent)		(other)	de	precia	ation			
	Land			· · · · · · · · · · · · · · · · · · ·	5,266.	4 -	400	40.5	1,91	5,2	
	Buildings				8,495.			,495.			0.
	Leasehold improvements				8,785.			,972.	6,28		
	Equipment				7,985.			,784.	7,89		
	Other				5,874.		377	<u>,527.</u>			347.
Total	. Add lines 1a through 1e. (Column (d) must ed	rual Form 990 Part	X line 1	Oc column	(R))				16,35	3.6	27.

Schedule D (Form 990) 2023

	DUSTRIES OF NTRAL OHIO,	GREATER CLEVELAND	l-0909974 _{Page} 3
Schedule D (Form 990) 2023 AND EAST CEI Part VII Investments - Other Securities	NIKAL OIIIO,	INC.	E-0909914 Page C
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ine 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(1)		
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) BENEFICIAL INTEREST IN TRU	JST		1,395,527.
(2) DEPOSITS			195,156.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,395,527.
(2) DEPOSITS	195,156.
(3) RIGHT TO USE ASSET	23,140,299.
(4)	
(5)	
<u>(6)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. line 15. col. (B))	24,730,982.

Other Liabilities Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	23,543,161.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))	23,543,161.

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

Schedule D (Form 990) 2023

		GOODWILL	INDUSTRIES	OF	GREATER	CLEVELAND			
	edule D (Form 990) 2023		CENTRAL OH					0909974	Page 4
Pai	t XI Reconciliation of	f Revenue per	Audited Financi	al Sta	itements Wi	th Revenue per R	eturn		
	Complete if the organ	nization answered "	Yes" on Form 990, Pa	art IV, li	ine 12a.				
1	Total revenue, gains, and oth	ner support per auc	lited financial stateme	ents			1	49,540	<u>,919.</u>
2	Amounts included on line 1	but not on Form 99	0, Part VIII, line 12:			1			
а	Net unrealized gains (losses)	on investments			2a	13,198	<u>. </u>		
b	Donated services and use of	facilities			2b				
С	Recoveries of prior year gran	nts			2c				
d	Other (Describe in Part XIII.)				2d	117,789	<u>. </u>		
е	Add lines 2a through 2d						2e		<u>,987.</u>
3	Subtract line 2e from line 1						3	49,409	<u>,932.</u>
4	Amounts included on Form 9	990, Part VIII, line 1	2, but not on line 1:			1			
а	Investment expenses not inc	cluded on Form 990	, Part VIII, line 7b		4a	48,637	<u>. </u>		
b	Other (Describe in Part XIII.)				4b				
С	Add lines 4a and 4b						4c		<u>,637.</u>
5	Total revenue. Add lines 3 a	nd 4c. (This must e	qual Form 990. Part I.	line 12	2.)		5	49,458	<u>,569.</u>
Pa	rt XII Reconciliation o	f Expenses pe	r Audited Financ	ial St	atements W	/ith Expenses per	Retur	n	
	Complete if the organ	nization answered "	Yes" on Form 990, Pa	art IV, li	ine 12a.				
1	Total expenses and losses p	er audited financial	statements				1	47,522	<u>,691.</u>
2	Amounts included on line 1	but not on Form 99	0, Part IX, line 25:			1			
а	Donated services and use of	facilities			2a				
b	Prior year adjustments				2b				
С	Other losses				2c				
d	Other (Describe in Part XIII.)				2d				
е	Add lines 2a through 2d						2e		0.
3	Subtract line 2e from line 1						3	47,522	<u>,691.</u>
4	Amounts included on Form 9	990, Part IX, line 25	, but not on line 1:						
а	Investment expenses not inc	cluded on Form 990	, Part VIII, line 7b		4a	48,637	•		

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

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

PART X, LINE 2:

BOTH GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO, INC. AND COMPASS, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, BOTH ORGANIZATIONS HAVE NOT RECORDED PROVISIONS FOR FEDERAL AND STATE INCOME TAXES. NEITHER ORGANIZATION IS CLASSIFIED AS A PRIVATE FOUNDATION.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGE IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX Schedule D (Form 990) 2023

48,637.

4c

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
GOODWILL INDUSTRIES OF GREATER CLEVELAND

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND EAST	CENTRAL O	HIO, INC.					34-0909974
Part I General Information on Grants a	nd Assistance					_	
Does the organization maintain records t criteria used to award the grants or assis							n X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 			e line 1 table	<u> </u>	<u> </u>		

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

Schedule I (Form 990) 2023

GOODWILL INDUSTRIES OF GREATER CLEVELAND

Schedule I (Form 990) 2023

AND EAST CENTRAL OHIO, INC.

34-0909974

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SSISTANCE TO INDIVIDUALS	723	24,130.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
GRANTS ARE MONITORED FOR APPROPRIA	TE USE AS	STATED IN	N THE GRANT	•	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yor" on Form 990, Part IV, line 27

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO, INC.

Employer identification number 34-0909974

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

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANNEMARIE RICHARDS	(i)	371,052.	0.	0.	0.	15,733.	386,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK TREW	(i)	216,266.	0.	0.	0.	23,480.	239,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TANZALEA DANIELS	(i)	198,691.	0.	0.	0.	23,480.	222,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRYANT TAYLOR	(i)	166,089.	0.	0.	2,827.	20,833.	189,749.	0.
VP OF INNOVATION & INFORMATION TECHN	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MAUREEN ATER	(i)	136,645.	0.	0.	0.	23,480.	160,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
ANNEMARIE RICHARDS PARTICIPATES IN A 457(F) AND 457(B) RETIREMENT PLAN.
TANZALEA DANIELS, MAUREEN ATER, AND MARK TREW ARE PARTICIPANTS IN THE
457(B) RETIREMENT PLAN.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

AND EAST CENTRAL OHIO, INC. 34-0909974 Part I **Types of Property** (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 56,727. IND. APPRAISAL Books and publications Х 4 4,280,892. THRIFT VALUE Х Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2023

describe in Part II.

GOODWILL INDUSTRIES OF GREATER CLEVELAND

Schedule M	(Form 990) 2023	AND	EAST	CENTRAL	OHIO,	INC.	34-0909974	Page 2
Part II	Supplemental	Inforn	nation.	Provide the info	rmation red	uired by Part	I, lines 30b, 32b, and 33, and whether the organizati items received, or a combination of both. Also compl	on
	is reporting in Parl	t I. colum	nn (b), the	number of cont	ributions, th	e number of i	items received, or a combination of both. Also compl	ete
	this part for any ac	dditional	information	on.	ribationio, tri	0 110111501 01 1	nome received, or a combination of both. Also compr	010
_								
-								

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

QUZ3
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO, INC.

Employer identification number 34-0909974

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

THE CFO AND THE AUDIT COMMITTEE OF THE BOARD REVIEW THE FORM 990. A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE IT IS FILED.

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

ANY CONFLICTS OF INTEREST AMONG OFFICERS, TRUSTEES OR EMPLOYEES ARE

MONITORED THROUGH POLICIES ESTABLISHED IN THE BOARD AND EMPLOYEE HANDBOOK

AND REGULARLY ENFORCED THROUGH BOARD OF TRUSTEE'S MEETINGS. SHOULD A

TRUSTEE NOT BE INDEPENDENT IN A DECISION BEING PUT TO VOTE, THAT TRUSTEE

MUST ABSTAIN FROM VOTING. A DOCUMENT THAT LISTS POTENTIAL CONFLICTS OF

INTEREST AMONG BOARD MEMBERS IS CIRCULATED TO THE BOARD ANNUALLY.

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

THE CEO'S COMPENSATION IS COMPARED TO 990 INFORMATION, REVIEWED AND RECOMMENDED BY THE COMPENSATION COMMITTEE TO THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE THEN APPROVES THE COMPENSATION PACKAGE. KEY EMPLOYEE COMPENSATION IS COMPARED TO INDUSTRY RELATED INFORMATION FROM GOODWILL INDUSTRIES INTERNATIONAL. THE INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE BUT NOT APPROVED BY THAT BODY. A THIRD PARTY COMPENSATION STUDY WAS CONDUCTED AND REVIEWED BY THE COMPENSATION COMMITTEE. A MERCER STUDY WAS DONE IN 2022 FOR ALL LEVELS.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023				Page 2
Name of the organization GOOD			EVELAND	Employer identification number
AND	EAST CENTRAL OHIO	, INC.		34-0909974
FORM 990, PART XI,	LINE 9, CHANGES	IN NET ASSETS	; :	
0113310E TN 17311E OE				117 700
CHANGE IN VALUE OF	PERPETUAL TRUST			117,789.
EODM 000 DADM VII	TIME 20			
FORM 990, PART XII	, LINE 2C			
THIS PROCESS HAS N	OT CHANGED FROM TH	HE PRIOR YEAR		

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

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

(c)

(d)

(e)

Name of the organization GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO, INC.

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

(b)

Employer identification number 34-0909974

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year	r assets	l	controlling ntity	9
Part II Identification of Related Tax-Exempt O organizations during the tax year.	rganizations. Complete if the organizati	 ion answered "Yes" on Form 990	l), Part IV, line 34, t	Decause it had one	or more	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) Direct controlling entity		g) 512(b)(1 rolled ity?
		, , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
OMPASS - 34-1841381								
08 NINTH STREET S.W.								
ANTON, OH 44707	SUPPORT SERVICES	OHIO	501(C)(3)	LINE 7	N/A			Х

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

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

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

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

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

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Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	•						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organizations	zation(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related organiz				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		Х
					10	X	
р	Reimbursement paid to related organization(s) for expenses				1 p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

GOODWILL INDUSTRIES OF GREATER CLEVELAND

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Schedule R (Form 990) 2023 AND EAST CENTRAL OHIO, INC. Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		