

Return of Organization Exempt From Income Tax	OMB No
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	20

Department of the Treasury Internal Revenue Service

Form

990

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1545-0047

A For the 2023 calendar year, or tax year beginning and ending								
B C	heck if oplicab	C Name of organization D Employer identification number GOODWILL INDUSTRIES OF THE SOUTHERN						
	Addre	e   PIEDMONT, INC.						
	Name Chang	e Doing business as	56-084463	39				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final Final	PO BOX 668768		704-372-3				
	termir ated	· · · · · · · · · · · · · · · · · · ·		<b>G</b> Gross receipts \$	88,580,849.			
	Amen return	CHARLOTTE, NC 28200		H(a) Is this a group re				
	Applic tion	F Name and address of principal officer: CHRISIOFHER OACKSOT	V	for subordinates	? Yes X No			
	Pending SAME AS C ABOVE H(b) Are all subordinates in							
<u> </u> T	ax-ex	empt status: 🚺 501(c)(3) 🚺 501(c) ( ) (insert no.) 🗌 4947(a)(1) (	or 527	If "No," attach a	list. See instructions			
	Vebsi			H(c) Group exemption				
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year	of formation: 1949  N	I State of legal domicile: NC			
Pa	rt I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: GOOD	WILL B	UILDS PATHWA	YS THAT			
nce		HELP PEOPLE PURSUE THE LIFE THEY WANT TO	ACHIEV	YE. GOODWILL	EXISTS TO			
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass				
ove	3				<u> </u>			
5		Number of independent voting members of the governing body (Part VI, line 1b)						
es {		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		3121				
viti	6	Total number of volunteers (estimate if necessary)		24				
Activities &	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	<u></u>		0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		20,087,442.	16,977,923.			
Revenue	9	Program service revenue (Part VIII, line 2g)		63,488,240.	70,332,260.			
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		302,253.	538,121.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,007,217.	527,177.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87,885,152.	88,375,481.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000,000.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		52,815,112.	59,393,325.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe								
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,172,194.	29,841,049.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		80,987,306.	89,234,374.			
	19	Revenue less expenses. Subtract line 18 from line 12		6,897,846.	-858,893.			
s or				ginning of Current Year	End of Year			
Assets Balanc	20	Total assets (Part X, line 16)	1	12,505,478.	115,000,988.			
t As	21	Total liabilities (Part X, line 26)		63,352,861.	66,065,671.			
Eun		Net assets or fund balances. Subtract line 21 from line 20		49,152,617.	48,935,317.			
Pa	rt 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.

Sign	Signature of officer				Date			
-	CHRISTOPHER JACKSON, PRES							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check PTIN			
Paid	AMY DOSIK				self-employed P0089	0743		
Preparer	Firm's name CHERRY BEKAERT AD	VISORY LLC			Firm's EIN 88-27308	377		
Use Only	Firm's address 1111 METROPOLITAN	AVE. STE. 9	00					
	CHARLOTTE, NC 282	04			Phone no. $704 - 377 - 1$	.678		
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Ye	s 🗌 No		
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	GOODWILL INDUSTRIES OF THE SOUTHERN
Form	990 (2023) PIEDMONT, INC. 56-0844639 Page 2
	t 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:
•	GOODWILL BUILDS PATHWAYS THAT HELP PEOPLE PURSUE THE LIFE THEY WANT TO
	ACHIEVE. WE PARTNER WITH INDIVIDUALS TO IDENTIFY THEIR STRENGTHS,
	INTERESTS AND GOALS TO INFORM TRAINING, COACHING AND SUPPORTS TO HELP
	THEM SUCCEED IN WORK AND LIFE.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	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 \$ 63,292,037. including grants of \$) (Revenue \$ 63,211,456. )
	BUSINESS ENTERPRISE "BE": THE PROGRAM OFFERS OPPORTUNITIES TO
	INDIVIDUALS SEEKING TO DEVELOP AND BUILD THEIR SKILL SETS TO ENHANCE
	THEIR POTENTIAL FOR FUTURE EMPLOYMENT IN PRODUCTION, CUSTOMER SERVICE,
	AND IN RETAIL. OUR RETAIL STORES PROVIDE SPECIALIZED TRAINING AND
	HANDS-ON EXPERIENCE IN THE AFOREMENTIONED AREAS THROUGH TEMPORARY
	AND/OR PERMANENT EMPLOYMENT. THE AGENCY OFFERS ASSET RECOVERY AND
	MANUFACTURING SERVICES USING THE HIGHEST INDUSTRY STANDARDS FOR
	ENVIRONMENTAL SAFETY AND DATA SECURITY. THE COMPUTER RECYCLING PROGRAM
	HAS DIVERTED TONS OF POTENTIAL WASTE FROM REACHING LANDFILLS. THIS
	MULTI-FACETED PROGRAM HELPS GENERATE JOBS, PROVIDES A VALUABLE SERVICE
	TO THE COMMUNITY, PROVIDES JOB TRAINING OPPORTUNITIES AND HELPS
	PRESERVE THE ENVIRONMENT. IN 2023, WE PAID 34.5M IN PAYROLL FOR THIS
4b	(Code:) (Expenses \$ 6,890,604. including grants of \$) (Revenue \$ 6,544,648.)
	GOODWORK STAFFING IS AN IMPORTANT SERVICE PROVIDED TO BOTH INDIVIDUALS
	AND EMPLOYERS SEEKING TEMPORARY, TEMP-TO-HIRE AND DIRECT HIRE PLACEMENT
	SUPPORT IN KEY INDUSTRIES IN OUR REGION. THIS SERVICE CONNECTS THE
	COMMUNITY MEMBERS WITH ACCESS TO GREAT JOBS AT GREAT COMPANIES, GIVING
	THEM WORK EXPERIENCE AND A FOOT-IN-THE-DOOR, WHILE HELPING EMPLOYERS
	RECRUIT A DIVERSE AND EAGER TALENT POOL. THE PURPOSE OF GOODWORK
	STAFFING IS TO WORK WITH INDIVIDUALS AND EMPLOYERS TO MATCH SKILLS AND
	INTERESTS WITH TALENT AND EMPLOYMENT OPPORTUNITY. IN 2023, GOODWORK
	STAFFING PROVIDED MORE THAN 300,000 PAID WORK HOURS, OVER \$6.2M IN
	WAGES AND ASSISTED PARTICIPANTS WITH JOB OPPORTUNITIES IN LIGHT
	INDUSTRIAL, WAREHOUSE, ADMINISTRATIVE SUPPORT, CUSTOMER SERVICES AND
	OTHER INDUSTRIES.
40	(Code:) (Expenses \$5, 405, 216. including grants of \$) (Revenue \$576, 156. )
40	GOODWILL EXISTS TO: HELP PEOPLE SEE POSSIBILITIES, SEIZE OPPORTUNITIES
	AND PROSPER. WE DO THIS THROUGH SKILLS DEVELOPMENT AND CAREER SERVICES
	TO SUPPORT INDIVIDUALS ON THEIR PATH TO FAMILY-SUSTAINING EMPLOYMENT.
	WRAP-AROUND SERVICES OFFERED INCLUDE: INDUSTRY RELEVANT TRAINING
	PROGRAMS, JOB SEARCH SUPPORTS, EMPLOYER CONNECTIONS, CAREER NAVIGATION,
	CAREER COACHING, RESUME PREPARATION AND INTERVIEWING. GOODWILL
	UNIVERSITY IS THE TALENT DEVELOPMENT DIVISION OF GOODWILL OFFERING
	MODERN TRAINING OPPORTUNITIES FOR GOODWILL PARTICIPANTS AND TEAM
	MEMBERS ALIKE. ALL TRAINING PROGRAMS ARE PROVIDED AT NO COST AND HELP
	INDIVIDUALS LEARN NEW SKILLS TO BE CAREER-READY AND FIND SUCCESS WITHIN
	GROWING INDUSTRIES. PROGRAMS ARE CURRENTLY FOCUSED ON DIGITAL.
4d	Other program services (Describe on Schedule O.)

	(Expenses \$ 3,623,811	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	79,211,668.		

GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.

Form 990 (2023) PIEDMONT, IN
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 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		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>v</b>
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
<b>ا</b> م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d	х	
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 <b>2</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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			
	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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

	<u>1990 (2023)</u> PIEDMONT, INC. 56-0	8446	39	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)				
		_		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	L	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	L	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	1	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	1	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	····· –	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	1	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	1	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	L	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% controll	ed			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	L	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,				
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	1	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	1	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	·····	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	L	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	L	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	L	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	····· ⊢	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>L</u> i	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				
	If "Yes," complete Schedule R, Part V, line 2	·····	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	F	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
De	Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pa					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 I	<u></u>	
_		<b>2</b> ∧⊑		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	30			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

56-0844639 Page 5
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Form	990 (2023) PIEDMONT, INC. 56-0844	639	Р	<sub>age</sub> 5		
Par				9		
			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 3121					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
	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		X		
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		X X		
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
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 7d	7e		X		
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
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?	8				
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1	-				
U						
122	amounts due or received from them.) [11b] 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	120				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
h	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	1				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				
	If "Yes." complete Form 6069.					

PIEDMONT INC. 56-0844639 Page 6 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 Section A. Governing Body and Management Yes No 24 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 24 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? х 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a Each committee with authority to act on behalf of the governing body? х b 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b h Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\$ NC , SC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year.

20	State the name, ad	dress, and telepho	ne number of the persor	n who p	ossesses the organiz	zation's books and records
	SHANNON RU	USSELL - 7	04-332-0338			
	5301 WILKI	INSON BLVD	, CHARLOTTE,	NC	28208	

GOODWILL INDUSTRIES OF THE SOUTHERN	GOODWILL	INDUSTRIES	OF	THE	SOUTHERN
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Form 990 (		/					56-
Part VII	Compensation	of Officers, Di	rectors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independent	Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

F

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CHRISTOPHER JACKSON	55.00		_				_			
PRESIDENT / CEO	0.50			х				443,762.	0.	25,396.
(2) RICHARD WALKER	55.00									
CHIEF FINANCIAL & STRATEGY OFFICER	0.00			Х				255,221.	0.	26,021.
(3) MIA COMERITO	55.00									
CHIEF HUMAN RESOURCES OFFICER	0.00			Х				250,704.	0.	21,464.
(4) LARITA BARBER	55.00									
CHIEF ADVANCEMENT OFFICER	0.00			Х				243,829.	0.	18,042.
(5) RAQUEL LYNCH	55.00									
CHIEF PROGRAM OFFICER	0.00			Х				228,686.	0.	15,049.
(6) JOSE LUIS	55.00									
CHIEF OPERATING OFFICER	0.00			X				234,269.	0.	5,681.
(7) MICHAEL WHITENER	55.00									
VP, TECHNOLOGY AND COMPLIANCE	0.00					X		203,502.	0.	14,573.
(8) TONYA NATIONS	55.00									
VP, RETAIL OPERATIONS	0.00					X		202,918.	0.	14,489.
(9) AMY JORDON	55.00									
VP, REAL ESTATE DEVELOPMENT AND FACI	0.00					X		193,067.	0.	14,252.
(10) LESLIE CHESTNUT	55.00									
DIRECTOR, TM EXP & ENG	0.00					X		156,783.	0.	10,729.
(11) SHANNON RUSSELL	55.00									
CONTROLLER	0.00					X		154,727.	0.	10,718.
(12) RONNIE BRYANT	0.43									_
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(13) RENEE FORD	0.27									
BOARD VICE-CHAIR	0.00	Х		х				0.	0.	0.
(14) ANNE PREDIERI	0.58									
SECRETARY/TREASURER	0.12	х		Х				0.	0.	0.
(15) HOLLY ALEXANDER	0.43									
DIRECTOR	0.00	Х						0.	0.	0.
(16) DR. MONICA ALLEN	0.46									-
DIRECTOR	0.00	Х						0.	0.	0.
(17) GIZAW BEDWA	0.13									
DIRECTOR	0.00	Х						0.	0.	0.

PIEDMONT, INC.

56-0844639 Page 8

Form 990 (2023) PIEDMONT	, INC.								56-084	4639	Page <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)		(F)
Name and title	Average	(do	not cl	Posi			no	Reportable	Reportable	Esti	mated
	hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amo	ount of
	week		cer an	d a di	recto	r/trust	ee)	from	from related	0	ther
	(list any	rector						the	organizations		ensation
	hours for related	or di	36			ated		organization	(W-2/1099-MISC/		m the
	organizations	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)		nization
	below	ual tri	ional		ploye	t com		1099-NEC)			related
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organ	izations
(18) BRUCE CLARK	0.39		-	0	K	Ξœ	ш.				
DIRECTOR	0.00	x						0.	0		Ο.
(19) RICHARD DONALDSON	0.38	1									
DIRECTOR	0.00	Х						0.	0	•	0.
(20) HELEN EGGERS	0.36	_									
DIRECTOR	0.00	Х						0.	0	•	0.
(21) LEE FITE	0.43										
DIRECTOR	0.00	Х						0.	0	•	0.
(22) JAMI HERZBERG	0.44								0		0
DIRECTOR (23) ROB HORTON	0.00	X						0.	0	•	0.
DIRECTOR	0.00	x						0.	0		0.
(24) TAMMY JONES	0.18								0	•	
DIRECTOR	0.00	x						0.	0		0.
(25) DEC LEE	0.49	1									
DIRECTOR	0.00	Х						0.	0	•	0.
(26) YIH-HAN MA	0.08										
DIRECTOR	0.00	Х						0.	0		0.
1b Subtotal								2,567,468.	0		,414.
c Total from continuation sheets to Part V								0.	0		0.
d Total (add lines 1b and 1c)								2,567,468.	0	. 176	,414.
2 Total number of individuals (including but	not limited to th	iose	liste	d ab	ove)	) wh	o re	eceived more than \$100,	000 of reportable		27
compensation from the organization											37 /es No
<b>3</b> Did the organization list any <b>former</b> office	r director truct			mol	0.100		hio	boot componented amp			
line 1a? If "Yes," complete Schedule J for				•						3	x
4 For any individual listed on line 1a, is the											
and related organizations greater than \$1										4	X
5 Did any person listed on line 1a receive or											
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ich p	berso	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest of	ompensated inc	depe	nder	nt co	ontra	actor	s tł	nat received more than \$	100,000 of compens	ation from	ı
the organization. Report compensation fo	the calendar y	ear e	endin	ıg wi	ith o	or wit	hin		ear.		
(A) Name and busines	e addrees							<b>(B)</b> Description of s	ervices	(C) Compens	
WHITE ADVERTISING LLC	3 2001033						_	Beschption of s		Compens	
4208 SOUTH BLVD, STE N,	CHARLOTT	ъ	N	C (	2.8	200	۶	ADVERTISING		417	,302.
STEEL TECH CONSULTING, L			111	<u> </u>		<u> </u>	1				/5021
7108 MONROE RD, CHARLOTT		21	2					TECH CONSULT	ING	194	,482.
CHERRY BEKAERT LLP											
PO BOX 25549, RICHMOND,							_	AUDIT		119	,750.
RICIERA FINANCE, ASSIGNE											
167 S TRADE ST. STE J, M	ATTHEWS,	Ν	С	281	10	5		DRIVERS		103	<u>,923.</u>
2 Total number of independent contractors	(including but p	ot lin	nitor	1 to t	thee			abova) who received me	are then		

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 PIEDMONT,			10	01	-		D	00 million	56-084	4639
Part VII Section A. Officers, Directors, Tru		nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A)	) (B)							(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					e.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed en		(W-2/1099-MISC)		organization
	related	stee o	rustee			ensat				and related
	organizations	al tru:	onal t		plo ye	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) JOE MACHICOTE	0.24	-	<u> </u>	5	ž	Ŧ	Ę			
DIRECTOR	0.24	х						0.	0.	0.
(28) JOHN MARSHALL	0.28									
DIRECTOR	0.00	х						0.	0.	0.
(29) VANESSA MATTHEWS	0.19									
DIRECTOR	0.00	х						0.	0.	0.
(30) SARAH MCCARTHY	0.39									
DIRECTOR	0.00	х						0.	0.	0.
(31) ED MCMAHAN	0.03									
DIRECTOR	0.00	Х						0.	0.	0.
(32) LEIGH ANN MERCHANT	0.42									
DIRECTOR	0.00	Х						0.	0.	0.
(33) CEDRIC THOMAS	0.29									
DIRECTOR	0.00	Х						0.	0.	0.
(34) DERRICK THOMPSON	0.31									•
DIRECTOR	0.00	Х						0.	0.	0.
(35) CHERYL WELCH	0.39								0	0
DIRECTOR	0.00	Х						0.	0.	0.
			-							
	I	I	L	I	I	I	I			
Total to Part VII, Section A, line 1c										
								1	1	

rm	99(	0 (2			ONT,			THE SOUTH	IERN	56-0844	<b>639</b> Page
	t V			ven	ue						
			Check if Schedule O	conta	ains a re	sponse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
ş	1	а	Federated campaigns			а					
iund		b	Membership dues			b					
, M		с	Fundraising events			с					
ar /		d	Related organizations		[-	d	3,000,000.				
Program Servic Revenue		е	Government grants (contr	ributi	ons)	е					
		f	All other contributions, gifts,								
			similar amounts not included			f	13,977,923.				
		-	Noncash contributions included in	lines 1	1a-1f	g \$	13,196,090.				
ar		h	Total. Add lines 1a-1f					16,977,923.			
	_		DEMATE DROGDAN				Business Code	62 175 607	62175607		
	2	-	RETAIL PROGRAM GOODWORK STAFFING				459510 624310	63,175,687.	63175687.		
an		b	OTHER BUSINESS VENT	וזסקכ	2		624310	6,464,067. 576,156.	6,464,067. 576,156.		
ven		c d	FOOD SERVICES	UKEC	, 		624210	80,581.	80,581.		
Be		u e	ENVIRONMENTAL ENTER	PRIS	SE		624310	35,769.	35,769.		
		-	All other program service					,			
			Total. Add lines 2a-2f					70,332,260.			
	3		Investment income (inclue					· ·			
		other similar amounts)					·	579,442.			579,44
	4		Income from investment of								
	5		Royalties	<u></u>							
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a	18	1,308.					
			Less: rental expenses $\dots$	6b		4,691.					
			Rental income or (loss)	6c	17	6,617.					
			Net rental income or (loss	s) <u></u>	(1) 0			176,617.			176,61
	7	а	Gross amount from sales of	_		urities	(ii) Other				
			assets other than inventory	7a	15	9,356.					
Ð		D	Less: cost or other basis	76	20	0,677.					
aniia		~	and sales expenses	7b 70		1,321.					
			Gain or (loss)					-41,321.			-41,32
	8		Gross income from fundraisi					,			,=
	Ŭ	-	including \$								
			contributions reported on								
			Part IV, line 18								
		b									
		с	Net income or (loss) from	fund	Iraising e	vents					
	9	а	Gross income from gamir	ng ac	tivities.	See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			rities					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
+	c Net income or (loss			sales	s of inve	ntory					
		~	STATE UNEMPLOYMENT	ጥል¥	יאיזיקק		Business Code 900099	138,154.			138,15
an	11		SETTLEMENT PAYMENT	177	NEP ONL		900099	94,908.			94,90
ven		b	MISCELLANEOUS REVEN	UE			900099	52,532.			52,53
Revenue							900099	64,966.			64,96
		d All other revenue e Total. Add lines 11a-11d					L	350,560.			51,50
	12		Total revenue. See instruction					88,375,481.	70332260.	0.	106529

# GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.

Form 990 (2023) PIEDMONT, INC Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	<u>(</u> D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
;	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
•	Benefits paid to or for members				
	Compensation of current officers, directors,	1 960 104		100 510	F 000
	trustees, and key employees	1,768,124.	1,573,706.	188,518.	5,900
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	47 000 000			156 534
	Other salaries and wages	47,986,695.	42,614,674.	5,215,487.	156,534
	Pension plan accruals and contributions (include	956 460	707 576	65 075	2 000
	section 401(k) and 403(b) employer contributions)	856,460. 3,979,082.	787,576. 3,659,052.	65,075. 302,334.	3,809 17,690
	Other employee benefits	4,802,964.	4,348,950.	438,235.	15,779
	Payroll taxes	4,002,904.	4,340,950.	430,233.	15,77
	Fees for services (nonemployees):				
	Management	44,769.		44,769.	
		119,750.		119,750.	
	Accounting	119,750.		119,750.	
	Lobbying				
-	Professional fundraising services. See Part IV, line 17	81,882.		81,882.	
f	Investment management fees	01,002.		01,002.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	5,605,326.	4,346,088.	1,218,338.	40,900
2	Advertising and promotion				
	Office expenses	3,136,760.	2,615,129.	495,428.	26,203
ŀ	Information technology				
5	Royalties				
;	Occupancy		10,912,117.	646,093.	6,290
	Travel	887,501.	813,270.	73,540.	691
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1 - 1 - 0 - 0		100 50
	Conferences, conventions, and meetings	342,926.	171,852.	70,285.	100,789
	Interest				
	Payments to affiliates	2 100 205			4 000
	Depreciation, depletion, and amortization	3,199,327.	2,720,047.	475,002.	4,278
	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 0.)				
а	PROGRAM SUPPLIES	3,822,387.	3,822,387.		
a b	EQUIPMENT RENTAL/MAINTE	609,254.	605,573.	3,654.	27
c	AWARDS AND ASSISTANCE	212,414.	56,819.	153,546.	2,049
d		,			_,
	All other expenses	214,253.	164,428.	41,498.	8,32
-	Total functional expenses. Add lines 1 through 24e	89,234,374.	79,211,668.	9,633,434.	389,272
	Joint costs. Complete this line only if the organization	,,0,10	,,,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

			GOODWILL	INDUSTRIES	OF	THE	SOUTHERN	
	Form 990 (2		PIEDMONT	, INC.				56-
	Part X	Balance Sheet						
j		Check if Schedule (	Contains a rospo	anso or noto to any lin	o in th	ic Dart V	,	

		Check if Schedule O contains a response or note	to any	line in this Part X			
		·			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			65,384.	1	70,800.
	2	Savings and temporary cash investments			16,642,983.	2	10,089,577.
	3	Pledges and grants receivable, net			82,183.	3	40,251.
	4	Accounts receivable, net			3,189,351.	4	4,787,430.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ns		5	
	6	Loans and other receivables from other disqualifi	ed pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,008,817.	8	6,589,846.
Ä	9	Prepaid expenses and deferred charges			1,516,792.	9	1,723,438.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	79,827,111. 38,504,543.	20.040.040		44 202 562
	b	Less: accumulated depreciation	10b		38,940,312.	10c	41,322,568.
	11	Investments - publicly traded securities			9,909,623.	11	10,957,957.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			36,150,033.	14	39,419,121.
	15	Other assets. See Part IV, line 11			112,505,478.	15	115,000,988.
	16	Total assets. Add lines 1 through 15 (must equa			7,169,620.	16 17	8,466,886.
	17	Accounts payable and accrued expenses			1,000,000.	17 18	0,400,000.
	18 19	Grants payable			1,000,000.	10 19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
	22	Loans and other payables to any current or forme				21	
Liabilities		trustee, key employee, creator or founder, substa					
ilidi		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat			17,162,810.	23	16,362,002.
	24	Unsecured notes and loans payable to unrelated				24	· · ·
	25	Other liabilities (including federal income tax, pay	-				
		parties, and other liabilities not included on lines					
		of Schedule D			38,020,431.	25	41,236,783.
	26				63,352,861.	26	66,065,671.
		Organizations that follow FASB ASC 958, chec	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27				49,102,617.	27	48,935,317.
Ba	28	Net assets with donor restrictions			50,000.	28	0.
oun		Organizations that do not follow FASB ASC 95	8, che	ck here			
г		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			49,152,617.	31	48,935,317.
ž	32	Total net assets or fund balances			112,505,478.	32 33	115,000,988.
	33	Total liabilities and net assets/fund balances			1 112,303,470.	აა	Form <b>990</b> (2023)

Form **990** (2023)

GOODWILL	INDUSTRIES	OF	$\mathbf{THE}$	SOUTHERN
PTEDMONT	TNC.			

	990 (2023) PIEDMONT, INC.	56-0	844639	Pag	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,375		
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,234		
3	Revenue less expenses. Subtract line 2 from line 1	3	-858		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,152		
5	Net unrealized gains (losses) on investments	5	641	1,59	<u>93.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	48,935	5 <b>,</b> 31	17.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	e audit,			1
	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 Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	<b>ZUZ3</b> Open to Public Inspection
	entification number
	-0844639
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
<ul> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> </ul>	
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the h</li> </ul>	e hospital's name
city, and state:	e neopital e name,
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in	in
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public	olic described in
section 170(b)(1)(A)(vi). (Complete Part II.)	
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college	llege
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or	
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gros	-
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from g income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after J	-
See section 509(a)(2). (Complete Part III.)	
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purport	rposes of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check	eck the box on
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving	ing
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the suppor	porting
organization. You must complete Part IV, Sections A and B.	
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organization(s), by having	
control or management of the supporting organization vested in the same persons that control or manage the supported	ted
organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with	with
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	witi 1,
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization	ion(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentivenes	
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III	
functionally integrated, or Type III non-functionally integrated supporting organization.	
f Enter the number of supported organizations	
g         Provide the following information about the supported organization(s).           (i) Name of supported         (ii) EIN         (iii) Type of organization         (iv) Is the organization listed         (v) Amount of monetary         (vi)	(vi) Amount of other
organization (in set of the formation (in set	upport (see instructions)
above (see instructions)) Yes No export (see instructions)	
Total	

- far	Orgonizatio	no Doooribod in (	Saati	ono 1	70/6\/1\/8\/iv/	and '
P	IEDMONT,	INC.				
G	OODWILL	INDUSTRIES	OF	THE	SOUTHERN	

56-0844639 Page 2

Schedule A	(Form 990) 2023	PIEDMONT,	INC.	56-084	44639 <sub>Pa</sub>
Part II	Support Schedule	for Organization	s Described	d in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v	/i)
	(Complete only if you che	ecked the box on line	5, 7, or 8 of Pa	rt I or if the organization failed to qualify under Part III. If the	e organization
	faile to gualify under the t	tooto listad balaw, ala	ana namalata l		

fails to qualify under the tests listed below, please complete	e Part III.)
--	--------------

Sec	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14782205.	7342908.	30228641.	20087442.	16977923.	89419119.
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		14782205.	7342908.	30228641.	20087442.	16977923.	89419119.
	The portion of total contributions		, , , , , , , , , , , , , , , , , , , ,				
5	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,						
							1550076
-	column (f)						<u>4558826.</u> 84860293.
	Public support. Subtract line 5 from line 4.						04000293.
	••						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	14782205.	/342908.	30228641.	20087442.	<u>дб9//923.</u>	89419119.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	444,060.	362,242.	652,134.	622,859.	760,750.	2842045.
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.)	410,434.	167,453.	20,591.	3848519.		
11	Total support. Add lines 7 through 10						97058721.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 278	,342,531.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, o	column (f))		14	87.43 %
15	Public support percentage from 2022	Schedule A, Part I	II, line 14			15	90.44 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
b	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	•					
	organization meets the facts-and-circl				-		
18	<b>Private foundation.</b> If the organization						
				, , . =, =:	,		

Schedule A (Form 990) 2023

GOODWILL	INDUSTRIES	OF	$\mathbf{THE}$	SOUTHERN
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56-0844639 Page 3

Schedule A	(Form 990)	2023	PIEDMONT,	INC.		
Part III	Support	Schedule fo	or 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	<u>, p.eace.co</u> p					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 bus- iness 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 disgualified persons						
k	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.)						
	ction B. Total Support		•	•	ł		I
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
_							
	ction C. Computation of Publi					<u> </u>	
15	Public support percentage for 2023 (I		•	column (f))		15	%
<u>16</u>	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
18	Investment income percentage from					<b>18</b>	%
198	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box ar <b>33 1/3% support tests - 2022.</b> If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

# GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.

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

## Section A. All Supporting Organizations

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

1

Yes

No

TNC

PIEDMONT

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		1100	- 10	ige J
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	e year (see instructions).
---	--	----------------------------

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of e	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	--------------------	-----------------------	------------------	------------------------

с		] The organization supported a g	governmental entity.	Describe in Part VI how y	vou supported a governmenta	l entity (see instructions).
---	--	----------------------------------	----------------------	---------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

З

2a

2b

3a

Yes No

	GOODWILL INDUSTRIES OF	THE S	OUTHERN	
	Halle A (Form 990) 2023 PIEDMONT, INC.	a Oraan	vizationo	56-0844639 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
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-functiona	lly integrate	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2023

56-0844639	Page 7
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	dule A (Form 990) 2023 PIEDMON'I', INC		nizationa		6-0844639 Page 7
Par		a)(s) Supporting Orga	nizations (continu	ued)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	5	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u> 7	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. <b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	o organization is responsivo		<b>– '</b>	
0	(provide details in <b>Part VI</b> ). See instructions.	le organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022 Excess from 2023				
е	Excess from 2023				

Schedule A (Form 990) 2023

GOODWILL INDUSTRIES OF THE SOUTHERN
Schedule A (Form 990) 2023       PIEDMONT, INC.       56-0844639       Page 8         Part VI       Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;         Part IV.       Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
TAX REFUNDS, COMMISSIONS, CASH OVERAGE/SHORTAGE & MISC REVENUES
2019 AMOUNT: \$ 410,434.
2020 AMOUNT: \$ 167,453.
2021 AMOUNT: \$ 20,591.
2022 AMOUNT: \$ 255,519.
2023 AMOUNT: \$ 350,560.
GAIN ON FORGIVENESS OF DEBT
2022 AMOUNT: \$ 3,593,000.

* *	PUBLIC	DISCLOSURE	COPY	* *
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# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023
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Employer identification number

Nomo	of	the	orgor	ization
Name	OT	τne	orgar	ilzatior

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

GOODWILL INDUSTRIES OF THE SOUTHERN

PIEDMONT, INC.

113	DOOTHERI	

56-0844639

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule E	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
GOODWI PIEDMO	ILL INDUSTRIES OF THE SOUTHERN ONT, INC.		56-0844639
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
1		\$3,000,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution

		\$3,000,000.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization LL INDUSTRIES OF THE SOUTHERN	E	Employer identification number
	NT, INC.		56-0844639
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule	B (Form 990) (2023)			Page 4	
	organization			Employer identification number	
	ILL INDUSTRIES OF THE SO	UTHERN			
	ONT, INC.			56-0844639	
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	v. For organizations		
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. o	nce.) \$	
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
<u> </u>					
		(e) Transfer of gif	t		
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of tra	nsferor to transferee	
(a) No. from	(b) Purpose of gift			wintion of how sift is hold	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gif	I		
		(c) Hundrer er git	•		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Relationship of transferor to transferee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
		(e) Transfer of gif	t		
	Transferee's name, address, an	d <b>7</b> IP + 4	Relationshin of tra	nsferor to transferee	
(-) N					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held	
Part I					
	(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	nsferor to transferee	

90	HEDULE D	Su	pplement	al Financial Stateme	ents		OMB No. 1545-0047
	Form 990) Complete if the organization answered "Yes" on Form 990,			2023			
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				Open to Public		
	rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
Nam					loyer identification number 56-0844639		
Pa		-		d Funds or Other Similar Fu	inds or Ac	coun	ts. Complete if the
	organizatio	n answered "Yes" on F	orm 990, Part IV, lir				
	Tatal works an at an			(a) Donor advised funds		(D) Fund	ds and other accounts
1 2		nd of year f contributions to (durin					
2		f grants from (during ye					
4		t end of year					
5				writing that the assets held in donor	advised fund	ds	
	are the organizatio	n's property, subject to	o the organization's	exclusive legal control?			Yes 📃 No
6	Did the organization	on inform all grantees, c	donors, and donor a	advisors in writing that grant funds ca	an be used o	nly	
	for charitable purp	oses and not for the be	enefit of the donor o	or donor advisor, or for any other pur	pose conferr	ing	
De	impermissible priv						Yes No
Pa				ganization answered "Yes" on Form	990, Part IV,	line 7.	
1			, ,	on (check all that apply).			
		of land for public use (	(for example, recrea				mportant land area
		f natural habitat		Preservat	tion of a certi	fied his	toric structure
•		of open space	sization hold a guali	find concernation contribution in the	form of a co		ion accoment on the last
2	day of the tax year	• •	nization neid a quali	fied conservation contribution in the	form of a co	Inservat	Held at the End of the Tax Year
а		onservation easements				2a	
b		ricted by conservation				2b	
c	U U					2c	
d				lired after July 25, 2006, and not			
			•	• • •		2d	
3				leased, extinguished, or terminated l		zation	during the tax
	year						
4	Number of states	where property subject	to conservation ea	sement is located			
5				riodic monitoring, inspection, handlir	ng of		
-	,	orcement of the conser					
6	Staff and voluntee	r hours devoted to mor	nitoring, inspecting,	handling of violations, and enforcing	g conservatio	n easei	ments during the year
7	Amount of expens		na inspectina han	dling of violations, and enforcing con	servation ear	comont	s during the year
•	Amount of expense		ng, nopeoting, nam			Serrierie	o daning the year
8	Does each conser	 vation easement report	ed on line 2d above	e satisfy the requirements of section	170(h)(4)(B)(i)	)	
	and section 170(h)	•		· · ·			Yes No
9	In Part XIII, describ	be how the organization	n reports conservat	on easements in its revenue and exp	oense statem	ent and	1
	balance sheet, and	d include, if applicable,	the text of the foot	note to the organization's financial st	atements that	at desc	ribes the
	organization's acc	ounting for conservatio	n easements.				
Pa				f Art, Historical Treasures, o	or Other S	imilar	Assets.
		the organization answ					
<b>1</b> a	0	, 1		58, not to report in its revenue staten			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
h						chaot	worke of
D	-			58, to report in its revenue statement			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.						
	-					9	6
		ed in Form 990, Part X					\$
2	.,			asures, or other similar assets for fir			
	-			ASC 958 relating to these items:	2 /1		
а	Revenue included	on Form 990, Part VIII,	line 1	-		8	š
b							\$
		eduction Act Notice, s					Schedule D (Form 990) 2023

332051 09-28-23

		L INDUSTRI	ES OI	F THE S	SOUTHEF	RN				
-	dule D (Form 990) 2023 PIEDMON		<u> </u>	<u>-</u>						Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, o	r Other	Similar A	ssets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that	t make sig	nificant use	e of its		
	collection items (check all that apply).									
а	Public exhibition	c	1 L	Loan or exc	hange progr	am				
b	Scholarly research	e	• 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpose	in Part X	л.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or oth	er similar a	issets			
	to be sold to raise funds rather than to be ma								Yes	No
Par	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizatior	n answered "	Yes" on Fo	orm 990, Pa	art IV, lin	e 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	ns or other as	ssets not ir	ncluded			
	on Form 990, Part X?							📖	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	y?		Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII				
Par	Tt V Endowment Funds Complete if	the organization and	swered "	Yes" on For	m 990, Part	IV, line 10.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back 🛛 🌔	<b>d)</b> Three year	rs back	(e) Four ye	ears 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 curr	rent year end balanc	e (line 1g	g, column (a)	)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administe	red for the				
	organization by:	-							Y	'es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the								<u> </u>	
Par	't VI   Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	ee Form 990	), Part X, li	ne 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulated		(d) Book \	/alue
		basis (investr	ment)		(other)	depi	reciation			
1a	Land				4,138.			11	,214	<u>,138.</u>
b	Buildings				5,473.		13,474	. 21	,021	<u>,999.</u>
	Leasehold improvements				7,355.		19,931		3,847	
	Equipment				0,734.		82,599		3,308,	
	Other			4,41	9,411.	2,4	88,539	). 1	.,930	
Total	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part	X, line 1	0c. column	<u>(B))</u>			.   41	.,322,	,568.

Schedule D (Form 990) 2023

GOODWILL	INDUSTRIES	OF	$\mathbf{THE}$	SOUTHERN
PIEDMONT	, INC.			

Schedule D (Form 990) 2023 PIEDMONT,	INC.		56-0844639 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "۲	res" on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of secur	rity) (b) Book value	(c) Method of valuation: Cost c	or end-of-year market value
(1) Financial derivatives			
(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	/I		
Complete if the organization answered "		11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u></u>		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B) Part IX Other Assets	)		
Complete if the organization answered "	(ac" on Form 000 Dort IV line f	11d Soo Form 000 Bort V line 15	
	(a) Description	11d. See Form 930, Fait X, line 13.	(b) Book value
(1) DEPOSITS			90,253.
			39,328,868.
	ASSET		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15	<u>ō, col. (B))</u>		39,419,121.
Part X Other Liabilities			
Complete if the organization answered "	es" on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, lir	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			629,054.
(3) FINANCE LEASE LIABILITI			994,924.
(4) OPERATING LEASE LIABILI	TIES		39,612,805.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25	5 col (B))		41,236,783.

2. 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

	GOODWILL INDUSTRIES OF THE	SOUTH	ERN			
Sche	dule D (Form 990) 2023 PIEDMONT, INC.			56-	0844639	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	88,935	,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	641,593.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>,593.</u>
3	Subtract line 2e from line 1			3	88,293	<u>,599.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,882.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		<u>,882.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	88,375	,481.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	89,152,	<u>,492.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	89,152,	<u>,492.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,882.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		,882.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	89,234	,374.
Pa	t XIII Supplemental Information					

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

PART X, LINE 2:

GOODWILL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE INTERNAL REVENUE
CODE SECTION 501(C)(3). MANAGEMENT EVALUATED GOODWILL'S TAX POSITIONS AND
CONCLUDED THAT GOODWILL HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE
ADJUSTMENT TO THE FINANCIAL STATEMENTS. ACCORDINGLY, NO PROVISION FOR
INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL
STATEMENTS.

SCHEDULE J	Compensation Information	L	OMB No. 1	545-004	7	
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2023			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
Department of the Treasury	Attach to Form 990.		Open to		С	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ic	Inspe		abor	
Name of the organization	GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.		84463		iber	
Part I Question	is Regarding Compensation	50-0	04403.	9		
				Yes	No	
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed on Form	990		165	NU	
	, line 1a. Complete Part III to provide any relevant information regarding these items.	550,				
First-class or		naluse				
Travel for cor						
	cation and gross-up payments Health or social club dues or initiation fee					
	spending account Personal services (such as maid, chauffer					
,		,,				
<b>b</b> If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
•	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
,						
3 Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	5				
CEO/Executive Di	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	ation of the CEO/Executive Director, but explain in Part III.					
X Compensatio	n committee X Written employment contract					
X Independent	compensation consultant X Compensation survey or study					
X Form 990 of	other organizations I Approval by the board or compensation of	ommittee				
4 During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization or a r	elated organization:					
a Receive a severan	ce payment or change-of-control payment?		. 4a		X	
<b>b</b> Participate in or re	ceive payment from a supplemental nonqualified retirement plan?		4b		Х	
c Participate in or re	ceive payment from an equity-based compensation arrangement?		4c		X	
If "Yes" to any of I	nes 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	n				
contingent on the						
					<u>X</u>	
<b>b</b> Any related organi					X	
	or 5b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
contingent on the				77		
				<u>x</u>	37	
<b>b</b> Any related organi			. <b>6b</b>		X	
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37	
	nes 5 and 6? If "Yes," describe in Part III		7		<u>X</u>	
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			37	
			8		<u>X</u>	
	did the organization also follow the rebuttable presumption procedure described in					
Dogulationa apotic	n 53.4958-6(c)?		9			

Schedule J (Form 990) 2023

PIEDMONT, INC.

56-0844639

Page 2

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	/-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) CHRISTOPHER JACKSON	(i)	374,269.	62,892.	6,601.	11,228.	14,168.	469,158.	0.
PRESIDENT / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD WALKER	(i)	228,546.	26,675.	0.	4,571.	21,450.	281,242.	0.
CHIEF FINANCIAL & STRATEGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MIA COMERITO	(i)	228,154.	22,550.	0.	10,267.	11,197.	272,168.	0.
CHIEF HUMAN RESOURCES OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LARITA BARBER	(i)	228,154.	15,675.	0.	6,845.	11,197.	261,871.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAQUEL LYNCH	(i)	207,769.	20,917.	0.	4,155.	10,894.	243,735.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSE LUIS	(i)	208,281.	25,988.	0.	4,166.	1,515.	239,950.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL WHITENER	(i)	183,535.	19,967.	0.	3,671.	10,902.	218,075.	0.
VP, TECHNOLOGY AND COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TONYA NATIONS	(i)	180,069.	22,849.	0.	3,601.	10,888.	217,407.	0.
VP, RETAIL OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY JORDON	(i)	173,073.	19,994.	0.	3,461.	10,791.	207,319.	0.
VP, REAL ESTATE DEVELOPMENT AND FACI	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LESLIE CHESTNUT	(i)	156,383.	400.	0.	0.	10,729.	167,512.	0.
DIRECTOR, TM EXP & ENG	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHANNON RUSSELL	(i)	154,327.	400.	0.	0.	10,718.	165,445.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### 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 6:

BONUSES OF AN AGREED UPON PERCENTAGE WERE AWARDED THIS YEAR TO INDIVIDUALS

MEETING THE ESTABLISHED NET INCOME AMOUNTS OF THEIR DIVISION BUDGETS.

Schedule J (Form 990) 2023

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

(FU	rm 990)	Complete if the or	ganizations	answered "Ves" o	n Form 990, Part IV, lines	s 29 or 30	202	23
	ment of the Treasury I Revenue Service		-	Attach to Form 9			Open to F Inspect	
ame	e of the organization						er identification	n numbe
	Ũ	PIEDMONT, IN					56-08446	
Par	tl Types of	Property						
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash	(d) od of determinin contribution amo	•
1								
2		asures						
3	Art - Fractional inte	erests						
4		ations						
5		ehold goods			13,039,784			
6		hicles		236	156,306	.SALES P	RICE	
7								
8		ty						
9	Securities - Public	ly traded						
0	Securities - Closel	y held stock						
1	Securities - Partne	rship, LLC, or						
	trust interests							
2	Securities - Miscel	laneous						
3	Qualified conserva							
	Historic structures							
4	Qualified conserva	tion contribution - Other						
5	Real estate - Resid	lential						
6	Real estate - Com	mercial						
7		r						
8								
9								
0		l supplies						
1								
2								
3		ns						
4		acts						
5	Other (	)						
6	Other (							
7	Other (							
28	Other (	/						
9		8283 received by the organ	ization durin	n the tax year for co	Intributions			
•		nization completed Form 82						0
	for which the orga		200,1 411 4, 2	solice / tottiowicage				Yes No
0a	During the year di	d the organization receive b	ov contributio	on any property rep	orted in Part I lines 1 throu	ugh 28 that it		
50		ast 3 years from the date of						
			10				200	x
<b>۴</b>		for the entire holding period	, i i i i i i i i i i i i i i i i i i i				<u>30a</u>	
	,	the arrangement in Part II.	policy that -	auiros the review a	f any nonstandard asstrib	utions?		x
1	-	tion have a gift acceptance		-	-		31	^
	contributions?	tion hire or use third parties		•		in	<u>32a</u>	x
b	If "Yes," describe							
3	If the organization describe in Part II.	didn't report an amount in	column (c) fo	r a type of property	for which column (a) is ch	necked,		

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

Schedule M (Form 990) 2023

GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Schedule M (Form 990) 2023

GOODWILL HAS AN AGREEMENT WITH A THIRD PARTY KNOWN AS NATIONAL CHARITY

SERVICES INC. THEY PROVIDE A FULL 24/7 CALL CENTER THAT MANAGES ALL

RELATED ISSUES WITH DONATED VEHICLES. THEIR RESPONSIBILITY INCLUDES

PREPARING AND FILING FORM 1098-C. THE AMOUNT SHOWN ON SCHEDULE M IS THE

NET PROCEEDS FROM THE SALE OF THE DONATED VEHICLES.

SCHEDULE O (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

PIEDMONT

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. GOODWILL INDUSTRIES OF THE SOUTHERN



56-0844639

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

INC.

HELP PEOPLE SEE POSSIBILITIES, SEIZE OPPORTUNITIES AND PROSPER. WE

PARTNER WITH INDIVIDUALS TO IDENTIFY THEIR STRENGTHS, INTERESTS AND

GOALS TO DEVELOP MARKETABLE SKILLS TO PURSUE MEANINGFUL AND FULFILLING

WORK THAT PROVIDES FINANCIAL WELL-BEING, PERSONAL GROWTH AND

ADVANCEMENT.

FORM 990, PART I, LINE 1, MISSION OR MOST SIGNIFICANT ACTIVITIES: GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT (GISP) WAS ESTABLISHED IN 1949 AND IS PART OF A NETWORK OF 157 AUTONOMOUS, NON-PROFIT GOODWILL ORGANIZATIONS IN 12 COUNTRIES THAT MAKE UP GOODWILL INDUSTRIES INTERNATIONAL. THE MISSION OF GISP IS TO BUILD PATHWAYS THAT HELP PEOPLE PURSUE THE LIFE THEY WANT TO ACHIEVE. OUR VISION IS THAT ALL PEOPLE IN OUR REGION HAVE THE OPPORTUNITY TO REACH THEIR FULL POTENTIAL BY ACHIEVING FAMILY SUSTAINING EMPLOYMENT. GISP SERVES 13 COUNTIES IN NORTH CAROLINA AND 5 COUNTIES IN SOUTH CAROLINA. THE ORGANIZATION CURRENTLY HAS SERVICES AND FACILITIES IN CABARRUS, CLEVELAND, GASTON LINCOLN, MECKLENBURG, RICHMOND AND UNION COUNTIES IN NORTH CAROLINA AND LANCASTER AND YORK COUNTIES IN SOUTH CAROLINA. GISP EMPLOYS 3,121 TEAM MEMBERS, ENGAGES OVER 24 VOLUNTEERS AND HAS AN ANNUAL OPERATING BUDGET OF APPROXIMATELY \$89 MILLION. GOODWILL PROVIDES EMPLOYMENT SERVICES AND SUPPORTS TO ALLOW INDIVIDUALS AND FAMILIES TO GAIN THE SKILLS AND CONFIDENCE TO PURSUE CAREER OPPORTUNITIES THAT WILL PROVIDE LONG-TERM STABILITY. GOODWILL PROVIDES EMPLOYMENT, JOB TRAINING AND CAREER SERVICES IN THE FOLLOWING AREAS - OCCUPATIONAL SKILLS TRAINING FOR CAREERS IN CALL CENTERS AND CUSTOMER SERVICE TECHNOLOGY, CONSTRUCTION For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.	Employer identification number 56-0844639
AND HOSPITALITY. GOODWILL OPERATES OR IS A PARTNER IN THRE	E JOB
RESOURCE CENTERS LOCATED IN MECKLENBURG, CABARRUS, AND GAS	TON. THESE
EMPLOYMENT RESOURCE CENTERS ASSIST INDIVIDUALS WITH ALL AS	PECTS OF THE
JOB SEARCH, INCLUDING JOB LEADS, RESUME WORKSHOPS, INTERVI	EW SKILLS AND
CAREER COUNSELING. GOODWILL SERVES UNEMPLOYED AND UNDEREMP	LOYED
INDIVIDUALS. GOODWILL IS A SUSTAINABLE SOCIAL ENTERPRISE,	A JOB
CREATOR, AND PROVIDES A POSITIVE SOCIAL RETURN TO THE COMM	UNITY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
GROUP.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CAREER ADVANCEMENT OPPORTUNITIES SERVICES MATCHES INDIVIDU	AL SKILLS AND
ABILITIES WITH THE NEEDS OF PROSPECTIVE EMPLOYERS, AND PRO	VIDES JOB
READINESS AND LIFE SKILLS TRAINING TO HELP PREPARE INDIVID	UALS FOR THE
WORLD OF WORK. RETENTION STRATEGIES ASSIST PARTICIPANTS IN	MAINTAINING

EMPLOYMENT AND EXPLORING CAREER DEVELOPMENT OPPORTUNITIES.

EXPENSES \$ 3,623,811. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE ONLY ONE CLASS OF MEMBERS, WHICH MEMBER MAY BE

AN INDIVIDUAL OR ORGANIZATION APPROVED AND ELECTED BY THE BOARD OF

DIRECTORS OF THE CORPORATION, UNLESS OTHERWISE DIRECTED BY THE BOARD OF

DIRECTORS IN ACCORDANCE WITH THE BYLAWS OF THE CORPORATION. EACH MEMBER

SHALL BE ENTITLED TO PARTICIPATE IN MEMBERSHIP MEETINGS AND SAID MEMBERSHIP

SHALL ELECT THE DIRECTORS OF THE CORPORATION, IN ACCORDANCE WITH THE

PROVISIONS OF THE BYLAWS ADOPTED BY THE CORPORATION.

Schedule O (Form 990) 2023							Page <b>2</b>
Name of the organization	GOODWILL	INDUSTRIES	OF	THE	SOUTHERN		Employer identification number
	PIEDMONT	, INC.					56-0844639

FORM 990, PART VI, SECTION A, LINE 7A:

ONE-THIRD OF THE TOTAL DIRECTORS SHALL BE ELECTED BY MEMBERS OF THE CORPORATION EACH YEAR AT THE ANNUAL MEETING OF THE MEMBERSHIP TO FILL THE VACANCIES OF THE DIRECTORS WHOSE TERMS EXPIRE IN THAT YEAR. IN ADDITION TO THE DIRECTORS ELECTED TO THE BOARD BY THE MEMBERS OF THE CORPORATION, THE FOLLOWING PERSONS SHALL ALSO BE MEMBERS OF THE BOARD, EX OFFICIO, WITH VOTE: THE IMMEDIATE PAST CHAIRMAN OF THE BOARD IF THEIR TERM HAS EXPIRED AND THE CHAIRMAN OF ANY BOARD-APPOINTED ADVISORY COUNCIL. IF A VACANCY OCCURS WHEN AN ELECTED DIRECTOR SEPARATES FROM THE BOARD, WHEN THE MEMBERSHIP FAILS TO ELECT A FULL SLATE OF DIRECTORS, OR WHEN A SEAT HAS BEEN DECLARED VACANT DUE TO EXCESSIVE ABSENCES, SUCH VACANCY MAY BE FILLED BY THE BOARD OF DIRECTORS.

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

THE 990 DRAFT IS EMAILED TO ALL THE BOARD MEMBERS. THEY EACH HAVE THE PLATFORM TO ASK QUESTIONS. ALL THE BOARD MEMBERS ARE ASKED TO RESPOND THROUGH EMAIL THAT THEY HAVE REVIEWED THE 990 AND DO NOT HAVE ANY FURTHER OUESTIONS.

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

THE ORGANIZATION CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY PROVIDING COPIES OF THE POLICY AND PROCEDURES TO ALL BOARD MEMBERS VIA THE EXECUTIVE ASSISTANT AND TO ALL AGENCY EMPLOYEES BY THE HUMAN RESOURCES DEPARTMENT DURING NEW EMPLOYEE INTAKE AND ANNUALLY, THEREAFTER. EACH PERSON IS REQUIRED TO REVIEW AND SIGN THE DOCUMENT, ACKNOWLEDGING THEIR WILLINGNESS TO ABIDE BY THIS POLICY. THESE BOARD MEMBERS' STATEMENTS ARE FILED IN THE EXECUTIVE ASSISTANT'S

Name of the organization GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.	Employer identification number 56-0844639
OFFICE. EMPLOYEE COPIES ARE FILED IN INDIVIDUAL PERSONNEL	FILES. IN THE
EVENT OF A CONFLICT DURING THE YEAR, THAT PERSON WILL RECU	ISE
HIMSELF/HERSELF FROM ALL DISCUSSIONS AND/OR VOTE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS HAS THE SOLE AUTHORITY AND RESPONSI	BILITY FOR

ESTABLISHING AND CHANGING THE TOTAL COMPENSATION AND BENEFITS OF THE PRESIDENT/CEO AND TOTAL COMPENSATION RANGES FOR OTHER HIGHLY COMPENSATED POSITIONS (CHIEF OFFICERS). APPLYING THE SAME PAY PHILOSOPHY THAT IS UTILIZED FOR ALL OTHER EMPLOYEES IN THE ORGANIZATION, THE BOARD ESTABLISHES AND MONITORS THE PERFORMANCE AND TOTAL COMPENSATION OF THE PRESIDENT/CEO. THE BOARD IS RESPONSIBLE FOR CONDUCTING AN ANNUAL PERFORMANCE REVIEW OF THE PRESIDENT/CEO, AT WHICH TIME ADJUSTMENT TO TOTAL COMPENSATION MAY BE CONSIDERED. THE BOARD CONDUCTS AN ANNUAL REVIEW OF THE SALARY RANGES AND BENEFITS FOR ALL HIGHLY COMPENSATED POSITIONS (PRESIDENT AND CHIEF OFFICERS). THE BOARD REVIEWS INFORMATION ON COMPARABLE SALARIES WITHIN GOODWILL INDUSTRIES INTERNATIONAL AFFILIATES AND OTHER SIMILARLY SITUATED ORGANIZATIONS. PERIODICALLY, AN OUTSIDE CONSULTANT IS ENGAGED TO ASSESS THE REASONABLENESS, COMPETITIVENESS AND CONSISTENCY WITH COMPENSATION "BEST PRACTICES" RELATED TO THE TOTAL COMPENSATION FOR THE PRESIDENT/CEO AND THE CHIEF OFFICERS AND TO MAKE RECOMMENDATIONS TO THE BOARD. ALL COMPENSATION DISCUSSIONS ARE DOCUMENTED IN THE BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CURRENT ANNUAL REPORT AND 990 ARE POSTED ON THE ORGANIZATION'S WEBSITE AND OTHER LINKS. OTHER DOCUMENTS OPEN TO PUBLIC DISCLOSURE ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comple	<u>.</u>	OMB No. 1545-004 2023 Open to Public Inspection				
Name of the organizati	on GOODWILL INDUS PIEDMONT, INC.	TRIES OF THE SOUTH	ERN		E	Employer identification numb 56-0844639	er
Part I Identificati	on of Disregarded Entities. Comple	te if the organization answered "Yes'	" on Form 990, Part IV, line 33.				
	(a) ress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year asset	s Direct controlling entity	
GOODWILL OPPORTUN P.O. BOX 668768	ITY CAMPUS, LLC	-				GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT	

NORTH CAROLINA

-306,505.

14,103,763.INC.

Part II	Identification of Related Tax-Exempt Organizations.	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 34,	because it had one or more related tax-exempt
Parti	organizations during the tax year.			

HOLD REAL ESTATE

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT							
FOUNDATION INC 87-1470065, 5301 WILKINSON	SUPPORT GOODWILL			LINE 12D,			
BOULEVARD, CHARLOTTE, NC 28208	INDUSTRIES	NORTH CAROLINA	501(C)(3)	III-O	N/A		Х

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

Schedule R (Form 990) 2023

CHARLOTTE, NC 28266

## Schedule R (Form 990) 2023 PIEDMONT, INC.

#### 56-0844639 Page 2

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)	(1	h)	(i)	(		(k)							
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income Share of total entity (related, unrelated, income end-of-year en	Predominant income (related, unrelated, excluded from tax under	rect controlling entity entity excluded from tax under sections 512-514) Predominant income income sections 512-514) Share of total income sections Share of total income sections Stare	Predominant income (related, unrelated, income xcluded from tax under						he Share of total , income	Share of total income	Share of total Share of income end-of-year assets	end-of-year allocations	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No								
	-																		
	-																		
	-																		
	1																		
	{																		
	4																		

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>(b)</b> Primary activity			(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion ɔ)(13) rolled ity?
		country)				400010		Yes	No

# GOODWILL INDUSTRIES OF THE SOUTHERN PIEDMONT, INC.

Schedule R (Form 990) 2023	Ρ.	I	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			+
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	<b>1</b> m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
Sharing of paid employees with related organization(s)			+
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 PIEDMONT, INC.

#### 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)	(b)	(c)	(d)	6	"	(f)	(g)	6	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	all	Share of	Share of		opor-	Code V-UBI	General o	
of entity	i initiary doubley	(state or foreign	(related, unrelated,	501(	c)(3)	total	end-of-year	tion alloca	ropor- nate tions?	amount in box 20	managin	ownership
,		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		- ·
		-		165	NO			163		(************	165 140	
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			1	1				1	1	1		1

Schedule R (Form 990) 2023

GOODWILL	INDUSTRIES	OF	THE	SOUTHERN
PIEDMONT,	INC.			

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Schedule	n		990)	2023	

Part VII Supplemental Information

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