

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/01, 2024, and ending 6/30, 2025

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C GOODWILL INDUSTRIES OF THE BERKSHIRES AND SOUTHERN VERMONT, INC. 158 TYLER STREET PITTSFIELD, MA 01201. D Employer identification number 04-2207791. E Telephone number (413) 442-0061. G Gross receipts \$ 7,707,766.

F Name and address of principal officer: SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527. J Website: WWW.GOODWILL-BERKSHIRES.COM. H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other. L Year of formation: 1956. M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO BUILD PATHWAYS THAT HELP INDIVIDUALS PURSUE THEIR GOALS THROUGH EMPLOYMENT, CAREER DEVELOPMENT, AND COMMUNITY SUPPORT PROGRAMS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12. 4 Number of independent voting members of the governing body (Part VI, line 1b) 12. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 267. 6 Total number of volunteers (estimate if necessary) 12. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 89,802. 55,083. 9 Program service revenue (Part VIII, line 2g) 7,140,196. 7,596,691. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,501. 27,070. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,236,499. 7,678,844.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,354,645. 4,790,068. 16a Professional fundraising fees (Part IX, column (A), line 11e). 16b Total fundraising expenses (Part IX, column (D), line 25). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,116,109. 3,098,705. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,470,754. 7,888,773. 19 Revenue less expenses. Subtract line 18 from line 12 -234,255. -209,929.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 9,339,138. 8,691,519. 21 Total liabilities (Part X, line 26) 7,985,878. 7,551,926. 22 Net assets or fund balances. Subtract line 21 from line 20 1,353,260. 1,139,593.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer JENNIFER GALVAGNI CARPENTER, Date, Title PRESIDENT.

Paid Preparer Use Only: Preparer's name JOHN J. KEEGAN, Preparer's signature, Date 11/03/25, Check self-employed, PTIN P00496315, Firm's name LOMBARDI & KEEGAN, Firm's address 35 PEARL STREET PITTSFIELD, MA 01201, Firm's EIN 04-2511474, Phone no. 413-499-3733.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

**Part 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:

THE ORGANIZATION'S MISSION IS TO BUILD PATHWAYS THAT HELP INDIVIDUALS PURSUE THEIR GOALS THROUGH EMPLOYMENT, CAREER DEVELOPMENT, AND COMMUNITY SUPPORT PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,874,084. including grants of \$ ) (Revenue \$ )

DONATED GOODS AND RETAIL PROGRAM SERVICES FOR THE GOODWILL INDUSTRIES OF THE BERKSHIRES AND SOUTHERN VERMONT, INC., UTILIZES ITS WAREHOUSE AND STORES TO PROVIDE TRAINING PROGRAMS TO MEMBERS OF THE COMMUNITY SEEKING JOB READINESS SKILLS.

GOODWILL ACCEPTS CLOTHING AND HOUSEHOLD WARES FROM THE PUBLIC AND SELL THESE ITEMS IN THE COMMUNITY BASED RETAIL STORES. NET REVENUE FROM THE SALES OF THESE ITEMS PROVIDES FINANCIAL SUPPORT TOWARD DEVELOPING AND SUPPORTING VOCATIONAL PROGRAMS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,874,084.