Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GOODWILL INDUSTRIES VSB 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GOODWILL INDUSTRIES OF VENTURA AND SANTA BARBARA

1401 N RICE AVE
OXNARD, CA 93030-7934

1401 N RICE AVE
OXNARD, CA 93030-7934

2b Employer Identification Number (EIN) 77-0448301

2c Sponsor's telephone number

2d Business code (see instructions) 624100

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	55
b Total number of participants at the end of the plan year	**5b**	55
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	23
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	55
d(2) Total number of active participants at the end of the plan year	**5d(2)**	55
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2023	PETER MARCUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	153871	194677
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	153871	194677
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	70432	
(3) Others (including rollovers)	8a(3)	-28856	
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41576
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	770	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		770
i Net income (loss) (subtract line 8h from line 8c)	8i		40806
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

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RecordkeeperDirect®

Change of Contact Information

- Use this form to update contact information (including changes to plan trustees, authorized signers and other plan contacts), to modify web access, to change who receives e-distribution notifications, and/or to remove contacts.
- Do not use this form to appoint Capital Bank and Trust Company℠ (CB&T) as your plan's trustee. To name CB&T as your plan's trustee, please read, sign and remit the CB&T Trust Agreement.
- If legal ownership of the company or entity sponsoring the plan has changed, submit a completed *RecordkeeperDirect Plan Maintenance Request* form.

1 Plan information

Please type or print clearly.

GOODWILL INDUSTRIES, VSB PS & 401K PLAN — Plan name

BRK134841 — Plan ID number

2 Add or update contact information

*To add or update a contact, complete **A**. To change the plan's primary contact, complete **B**. If adding a corporate trustee, additional documentation may be required. Contact us at **(800) 421-6019** for instructions. This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.*

Note: Unless otherwise requested, plan trustees and authorized signers will be granted full web access. Plan contacts will be granted partial access. To modify web access, complete Section 3.

A. Add or update contact

1. DENICE ATCHESON — Contact name
   Director of Accounting — Contact title
   datcheson@goodwillvsb.com — Email address
   (805) 981-0130 Ext. — Daytime phone
   Contact role (Select only one of the following): ☐ Trustee ☐ Non-trustee/authorized signer ☒ Plan contact (non-signer)
   X [signature] — Signature — only required for **new** trustees or authorized signers
   6 / 14 / 2021 — Date (mm/dd/yyyy)

2. Contact name
   Contact title
   Email address
   ( ) Ext. — Daytime phone
   Contact role (Select only one of the following): ☐ Trustee ☐ Non-trustee/authorized signer ☐ Plan contact (non-signer)
   X — Signature — only required for **new** trustees or authorized signers
   / / — Date (mm/dd/yyyy)

3. Contact name
   Contact title
   Email address
   ( ) Ext. — Daytime phone
   Contact role (Select only one of the following): ☐ Trustee ☐ Non-trustee/authorized signer ☐ Plan contact (non-signer)
   X — Signature — only required for **new** trustees or authorized signers
   / / — Date (mm/dd/yyyy)

B. Change primary plan contact

The primary contact will be listed in the enrollment guide, and is the individual we will contact if there are general questions about the administration of the plan. The individual designated below must be an existing contact or listed above.

Denice Atcheson — Name of primary plan contact

Director of Accounting — Title

3 Modify web access

Default web access is assigned according to the table below. To modify a contact's web access, list the individual below and designate their level of web access.

Trustees, authorized signers and plan contacts will be assigned web access as shown in the table below (unless otherwise requested).

Access	Trustees/authorized signers	Plan contacts
View and pay invoices electronically	•	•
Remit payroll contributions	•	•
Generate reports	•	•
Request plan notice delivery services	•	•
Initiate/approve online distribution requests	•	

Modify web access

1. Denise Atcheson
Name of trustee, authorized signer or plan contact

Level of web access (check one):

- [X] Full access (default level of access for trustees/authorized signers; not available to plan contacts/non-signers)
- [ ] Partial access (access to all web functionality except the ability to initiate/approve online distribution requests)
- [ ] Roster access (access payroll processing, add/update participants, change investment elections, and view account balances only; no access to reports, statements, Online Billing Center or plan notice delivery services)
- [ ] Remove access

2. Holly Newman and Mich Moret
Name of trustee, authorized signer or plan contact

Level of web access (check one):

- [ ] Full access (default level of access for trustees/authorized signers; not available to plan contacts/non-signers)
- [ ] Partial access (access to all web functionality except the ability to initiate/approve online distribution requests)
- [ ] Roster access (access payroll processing, add/update participants, change investment elections, and view account balances only; no access to reports, statements, Online Billing Center or plan notice delivery services)
- [X] Remove access

4 E-distribution notifications

Complete this section to change the individual(s) who will receive e-distribution notifications.

When a distribution request requires approval, notification will be sent via email. Provide the name of the individual(s) who should receive these alerts below. The individual(s) must be trustees or authorized signers, and either existing contacts or listed in Section 2.

Name of trustee or authorized signer	Email address
Denise Atcheson	datcheson@goodwillvsb.com

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RecordkeeperDirect
Change of Contact Information

5 Remove plan trustee, authorized signer or plan contact

*If removing CB&T as trustee, or removing a corporate trustee, additional documentation may be required. Contact us at **(800) 421-6019** for instructions.*

The individuals listed below will no longer have the ability to perform transactions or access plan information.

Holly Newman

Name of trustee, authorized signer or plan contact name (print)

Mich Moret

Name of trustee, authorized signer or plan contact name (print)

6 Authorization

***Reminder:** If applicable, ensure that the trust or plan document has been updated to reflect the changes requested on this form.*

By signing below, I am authorizing the above changes to the plan.

Peter Marcus

Name of authorized plan signer (print)

Trustee

Title

X [signature]

Signature

6/14/2021

Date (mm/dd/yyyy)

This document may not be signed using Adobe Acrobat Reader's "fill and sign" feature.

Send

If you have any questions about this form, call us at **(800) 421-6019**.

American Funds RecordkeeperDirect
c/o Retirement Plan Services

Regular mail	*Overnight mail*	*Fax*	*Email*
P.O. Box 6040 Indianapolis, IN 46206-6040	12711 N. Meridian St. Carmel, IN 46032-9181	(855) 521-9952	RKDirect@capitalgroup.com

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Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
GOODWILL INDUSTRIES VSB 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2017

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GOODWILL INDUSTRIES OF VENTURA AND SANTA BARBARA

1401 N RICE AVE
OXNARD, CA 93030-7934

1401 N RICE AVE
OXNARD, CA 93030-7934

2b Employer Identification Number (EIN) 77-0448301

2c Sponsor's telephone number

2d Business code (see instructions) 624100

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	55
b Total number of participants at the end of the plan year	**5b**	55
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	23
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	55
d(2) Total number of active participants at the end of the plan year	**5d(2)**	55
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Peter Marcus	9/8/2023	Peter Marcus
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	153871	194677
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	153871	194677
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)	70432	
(3) Others (including rollovers)	8a(3)	-28856	
b Other income (loss)	8b		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		41576
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	770	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		770
i Net income (loss) (subtract line 8h from line 8c)	8i		40806
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c		X	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)