## Application Form

## Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric
Please pay attention to character limits while working on your draft. These limits include spaces.

## Organization Name*

Goodwill Industries-Suncoast Inc.

## Proposal Name*

Please choose a short name to identify this project within the grant portal:
IT and Kitchen Update - Re-Entry Program Impact

## EIN*

59-0718492

## Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.
1954

## Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.
The Goodwill-Suncoast mission is transforming lives through lifelong learning and the power of work. Goodwill achieves our mission through providing life and job skills training, employment assistance, and personal growth opportunities for people with barriers to self-sufficiency and work.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. This is different from a DUNS number, which the federal government no longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. However, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

## Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.
\$62,440,645.00

## Amount Requested*

The maximum grant amount is $\$ 199,999$.
\$124,398.64

## Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

## Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## Request Specifics

## Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization do and how long has it been doing it?
Goodwill Industries-Suncoast (GIS) opened its doors in downtown St. Petersburg in 1954, and remains the core hub of operations. GIS is a social enterprise that relies on its donated goods program and retail stores to generate the revenue to support its mission programs, as well as operating a sustainable business model that supports recycling. The retail and outlet stores offer people stable jobs in the communities, and as a place to both learn and grow their workforce skills. Over $89 \%$ of revenue supports mission programs.

At the heart of Goodwill-Suncoast is achieving our mission in transforming lives through life-long learning, and the power of work. Each year, GIS offers assistance to thousands of individuals challenged with employment and independent living through our mission programs. These include: employment services, workforce training, youth development for early childhood, financial and digital literacy, residential and community re-entry programs, affordable housing, and services for individuals with disabilities.

GIS serves a large population of individuals with low-to-moderate income levels. Through our mission-based programs, we most often serve individuals qualifying for Medicaid (100\% of federal poverty) or Temporary Assistance for Needy Families (185\% of Federal Poverty). GIS operates numerous programs, resources and services to assist those who struggle with self-sustainability, obtaining and keeping jobs. Often challenges presented are former addictions, incarceration, limited life, education and work skills, developmental and physical disabilities and/or other barriers to employment.

## Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

For people re-entering the community post-incarceration, education, housing, transportation, and employment present daily life obstacles. The Goodwill-Suncoast St. Petersburg Residential Re-entry Center (SPRRC) program offers women preparing to exit prison, a supportive environment to successfully integrate back into community life. While in residence, the women obtain jobs in the community, participate in basic and essential life skill classes (i.e. women's health, financial literacy, abuse, education, etc.), practice community integration through volunteerism, and save earnings to support re-integration. On average, the program successfully releases more than 400 program residents annually back into the community. GIS also offers continuing career navigation and support services to the women post-release as well. On-going support offers the women an opportunity to build confidence, establish a stable segment of their life, and the resources to continue progress toward their career and life goals. Ideally, this assists the women in making a smooth transition, in contributing both to the economic health of the individuals and community, with the goal of reduce recidivism.

Through our mission-based programs, majority of individuals served qualify for Medicaid (100\% of federal poverty) or Temporary Assistance for Needy Families (185\% of Federal Poverty).

In May 2018, a research paper by the American Enterprise Institute stated that "education and employment are moderate recidivism risk factors for offenders...and participation in these programming elements can improve both institutional and post-prison outcomes." Indeed, participation in educational programming can increase the likelihood of post-release employment by 13 percent. The Council of Economic Advisers quoted similar results (May 2018) which found the impact of basic education programs reduces recidivism by 5 percent \& vocational educational programs reduce recidivism by 12 percent.

## Negative Economic Impact on Organization* <br> The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please

## contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

For over 68 years, Goodwill-Suncoast has successfully managed its social enterprise in providing a resource for receiving unwanted goods and recycling the goods via our stores, outlet center and salvage operations. The retail and donated goods is our revenue engine, with more than $86 \%$ of revenue directed to support mission programs.

Prior to the pandemic, GIS had continually made progress in increasing our revenue to support growth in services. While our business model provides employment annually for more than 712 individuals in 2021, GIS' employee pool was in excess of 1100 in 2019. Throughout the pandemic and beyond, GIS made strategic decisions such as decreased store hours, ceased donation pick-up services, and restructured services to best support our reduced revenue stream and today's employment environment in the community. Like many other businesses, critical employee shortages impact all aspects of our operation. The extreme rise in inflation has also influenced both our social enterprise and programs. Price increases, as much as $80 \%$ in some cases, in materials and supplies, have a diminishing effect on our ability to operate within budget. Goodwill's cafeteria provides 3 meals per day for all residents of SPRRC, in addition to over 400 meals to employees and retail customers. The SPRRC annually houses 400+ women who Goodwill safely houses, feeds, counsel and monitors while helping to prepare them to re-enter the community successfully. At year end, June 2022, Goodwill's food and food supplies to support its food service operations was $20 \%$ over budget. At the same time, to stay competitive in the labor market, GIS has implemented wage increases for hourly employees. This resulted in increased cost of building maintenance and payroll in excess of 54\% over budget.

In 2019 , Goodwill-Suncoast served 92,723 people through an array of mission services and programs compared to serving 45,661 in 2021 . While we are proud of our ability to maintain services, we continue to provide many services through virtual or online formats post-pandemic and now have incorporated virtual programming and services into our mission programs. This includes industry training with opportunities for people to gain industry certifications to assist in obtaining employment, upskilling or reskilling for higher paying jobs, to which the re-entry population can access.

In 2021, GIS was only able to invest $\$ 57,381$ in capital projects, $\$ 181,912$ in 2020 in comparison to $\$ 4.8$ million in 2019. These challenges have affected our ability to fund specific capital projects that are of strong
concern due to health and safety, increased security, and necessary to the successful operation of mission services.

## Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question? The proper function and service of kitchen appliances and IT equipment are essential staples of our SPRRC program and Goodwill. Our application is a request to fund the purchase of new refrigeration and cooking appliances for the kitchen at the GIS Gandy center, and update the computer equipment used for employment opportunities and digital literacy by the re-entry residents, and meet the needs of the re-entry staff in documenting and reporting re-entry program and resident information to the FL Dept. of Corrections. The appliances to be replaced are of extreme age, and now require continuing repairs to ensure they are working correctly and safely. The kitchen staff are also used for culinary training and to obtain industry certification for both employees and re-entry residents, who work in the kitchen prior to securing jobs in the community.

The average age of appliances is greater than 10 years. Replacement of the listed commercial refrigeration and cooking appliances will allow for the kitchen staff proper equipment for consistent food quality preparation/production, appliance safety, and support culinary training on newer model appliances in the kitchen for an projected $10+$ years.

IT is an important piece of the SPRRC program, both for residents and the program staff. Updated IT equipment is an essential need in order to maintain accurate documentation of program resident activities, meet required (HIPAA/State of FL DOC) privacy requirements, and ensure confidentiality, security and that case management software operates to fullest capacity. The age of the current equipment is more than 6+ years. The requested computers will support employment services for the residents, with WRIM computers only used by staff for program documentation (required by DOC), a new server box that expands our ability to host up to 12 virtual servers, with required management server software to ensure the program technology needs are being met. The new IT equipment will support each of these measures for our SPRRC program and it is projected that the new IT equipment will provide necessary technology support for a minimum of 5 years.

These identified capital improvement projects will have great impact in providing services to our clientele, address our highest health, safety and programmatic concerns that are the subject of this grant application.

## Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

## Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Yes, the requested items will enable GIS to continue to perform services at the highest level, for our re-entry residents, employees/volunteers/visitors on-site daily. Goodwill's own established guiding principle, these 2 in particular, support our need for identified items:
Integrate Accessibility, Safety and Security- As an organization that seeks to minimize the impacts of disabling and disadvantaging conditions, Goodwill respects the importance of accessibility, safety and security of all customers, service participants and team members we serve. We strive to make all points of service and employment accessible and safe.
Value Work and Lifelong Learning as Transformational - We believe that work and lifelong learning transform lives and strengthen communities, and demonstrate this through our services to both the community and our team members.

GIS both employs, and through our programs, serves individuals reflective of underserved communities. Individuals receive training through in-person and online classes/programs, perform job search, complete applications/resumes, and are coached, supported, and monitored via technology equipment/software. Updated IT equipment supports our ability to provide high-quality virtual employment and workforce services for both management and clientele.

The GIS kitchen prepares and serves over 4000 cold and hot meals a month, both to people in the cafeteria as well as in the community, in addition to 600+ meals per day for re-entry residents. SPRRC annually houses $400+$ women who Goodwill safely houses, feeds, counsel and monitor while helping to prepare them to reenter the community successfully. The items requested will assist our SPRRC residents and staff as they move forward to take jobs in the community and/or make strides toward their career goals. and support our mission of transforming lives through lifelong learning and the power of work.

## Number Served*

How many people will directly benefit from this capital purchase annually?
49000

## Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?
Duplicated: A client is counted each time they access services
Unduplicated: A client is counted once, regardless of the number of times they access services
Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is duplicated. If ABC Food Bank counts Taylor's visit ONCE, it is unduplicated.
Duplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.
[Unanswered]

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:
https://www.huduser.gov/portal/sadda/sadda qct.html
In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

| Enter an Address, city, state or tract Go |  | Florida $\vee$ | Pinellas |
| :---: | :---: | :---: | :---: |
| Map Options: Clearpresetpruil screen |  |  |  |
| QCT Legend: - Tract Outline | 11 LIHTC Project | 2022 Qualified Cens | Tracts |
| SADDA Legend: - FMR Boundary | 2022 Small DDA | Non Metro DDA |  |
| Hide the overview |  |  |  |

The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial c designation methodology is explained in the federal Register notice published September 9, 2021

## Map Options

10 Current Zoom LevelShow Difficult Development Areas (Zoom 7+)Color QCT Qualified Tracts (Zoom 7+)Show Tracts Outline (Zoom 11+)Show FMR Outlines (Zoom 4+)Show LIHTC Projects (Zoom 11+)

Click here for full screen map

## Select Year

- 2022

○ 2021


## Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/

10596 Gandy Blvd. St. Petersburg, FL 33701

## QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

## No

## Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

## Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).
The SPRRC residential program is located on the property of the Goodwill-Suncoast main campus, our primary corporate hub and home to multiple Goodwill workforce and youth programs. All appliances and IT equipment will be housed on the Gandy campus. More than 4000 meals are served each month throughout the year via the Goodwill cafeteria kitchen. (breakfast, lunch, dinner) The SPRRC program is monitored and staffed 7 days a week, 24 hours a day. IT functions operate continuously each day. Employment services and workforce training are offered to program participants and employees, to support each person's individual career expectations and goals. Individuals served, including those exiting the re-entry center program, live throughout the community and are not tracked by address. The GIS cafeteria kitchen and IT capital needs list supports people we serve and employ.


## QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?
No

## Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

From the beginning, Goodwill has provided services to those who are challenged with barriers to employment. These barriers are often identified by people with minimal education and job skills, disabilities, a history of incarceration, addictions, and the low- income population of both adults and youth. GIS corporate and workforce centers are in the heart of Pinellas county. Our workforce programs offer employment
services such as skills training to upskill, reskill or learn new skills, digital and financial literacy, job search and placement, and resource referrals to aid job seekers.
GIS has a strong base of business partners in Pinellas County, (more than 60) to support job placement for our re-entry residents and program participants. GIS also partners with area colleges and schools, and other nonprofits/organizations to offer classes and course certifications, hold job fairs, and provide support to people served by other agencies, etc. Goodwill has strong affiliation and partnerships with St. Petersburg College, pTEC, and other area training providers, CareerSource Pinellas, PARC, Suncoast Mental Health, St. Pete Free Clinic, Pinellas HOPE, Foundation for a Healthy St. Pete, Forward Pinellas, Catholic Charities, PERC, area probation and parole providers, the Tampa Bay Human Trafficking Coalition, Area Agency on Aging, Gulf Coast Community Family Services, and many more.
Since our earliest years, GIS has served a large population of individuals with disabilities, language barriers, and/or have limited work experience/skills. As our program participants consistently change, we know that individuals GIS serves every day, as well as our own employee base, is very diverse as to ethnicity, language barriers and skill levels. Our bi-lingual Career Navigators and Employment Specialists support individuals struggling with the English language, and offer training materials and resources for those who speak little to no English. Goodwill lives its mission inside out, offering support and training for employees to reskill/upskill or gain new skills to aid in excelling in their job and/or in a chosen career path.

## Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

## Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC

## Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

## Proposal Costs

## Purchase Estimates/Bids*

## You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is BELOW $\$ 75,000$, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.
GIS Small Purchases Quotes.pdf

## Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

Yes, the IT server and software required to operate the server, and the software for our wide-area-network (WAN) are proprietary and therefore we have submitted just their cost for these items.

1) The VMWave-vSphere Rack server and Essential Plus software offers Goodwill the ability to host multiple Goodwill virtual servers through the network through just one server box. The software is required to operate the Rack server.
2) Manage Engine software offers operating system deployment and management for Goodwill Windows 10 computers and mobile devices. The software allows for IT to remote into staff computers to
patch/repair/support computers, manage IT inventory, ensures security of system and data throughout our network.

## Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

## Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.
If no, write "No related parties below."
No related parties

## Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.
Please note that indirect costs are not permitted for small purchases.
If you have additional notes to add to your budget summary, you may do so in the text box below.
APRA Goodwill Suncoast -Small-Capital-Grant budget 9.8.22.xlsx
Included in the bid package is a specific list of the items requested and as well lists the age and condition of appliances and IT equipment requested to be replaced and/or bought to more fully support our Goodwill and the SPRRC program.

## Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

## Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above. <br> N/A

## Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project increases ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase decreases ongoing operating costs, how will it do so?
- If this purchase does not affect operating costs, please note so below.

The items listed for purchase are anticipated to support decreased, ongoing operating costs. This will be achieved through the reduction of fees associated with the ever-changing need for repair of kitchen appliances, safety and liability. The purchase of updated IT equipment will support the upgrade old technology and software to meet current technology needs necessary to properly serve our program participants and management (program oversight).

## Organization Documentation

## Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

## Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

2022-2023 GIS Operational Budget.xlsx

## Board of Directors List*

Please upload your Board of Directors list.
Excel, Word, and PDF file formats are accepted.
Board Directory 2021-22_1.pdf

## IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.
If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.
GIS Form 990-dated 2.2.21.pdf

## Most Recent Financial Statements* <br> Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Goodwill Audited Financials 2020-2021.pdf

## Insurance Requirements

## Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.
If your organization does not have evidence of insurance coverage, please provide an explanation as to why. Certificate of Insurance 9.5.22.pdf

## Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.
Yes, I understand and will comply with this requirement if awarded a contract.

## Post-Grant Requirements

## Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## Additional Information

## Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED
Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.
Please note that indirect costs are not permitted for small purchases.
If you have additional notes to add to your budget summary, you may do so in the text box below.

## Additional Upload

If you have something to share, you can upload it here in PDF format.

## Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

## Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

## Applicant File Uploads

- GIS Small Purchases Quotes.pdf
- APRA Goodwill Suncoast -Small-Capital-Grant budget 9.8.22.xlsx
- 2022-2023 GIS Operational Budget.xlsx
- Board Directory 2021-22_1.pdf
- GIS Form 990-dated 2.2.21.pdf
- Goodwill Audited Financials 2020-2021.pdf
- Certificate of Insurance 9.5.22.pdf


# Goodwill <br> Industries-Suncoast, Inc. 

## Pinellas Community Foundation ARPA Small Grant Application <br> by <br> Goodwill Industries-Suncoast Inc.

## Kitchen Appliance Bid/Quote Packages <br> HPS Package <br> GFS Quote (Ice Machine/parts only) <br> C-Kitchen Package <br> Katom Package <br> Chernoff Package (Dishwash Machine only) Webstaraunt Quote (Ice Machine part)

IT Equipment Bid/Quote Package
Dell - Computers Quote Discount Computer Depot - Computers Quote Manage Engine (Proprietary software) VMWare-VSphere Quote -(Server-Proprietary Required Software)



Ckitchen Refigeration Equipment Undercounter Freezers
True Mfg. - General Foodservice TUC-60-32F-HC 60.25" 2 Section Undercounter Freezer with 2 Left/Right Hinged Solid


\$8,562.71
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true

Customer Reviews
Specifications


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Clicthen Refrigeration Equipment Chef Bases
True Mfg. - General Foodservice TRCB-48 48.38" 2 Drawer Refrigerated Chef Base with Marine Edge Top - 115 Volts SKU\#: TRCB-48 Add to wishlist闌


Customer Reviews
$\leftarrow$ C ckitchen.com/p/vulcan-vp18-proofing-heated-cabinethtm

Ckidchen Restaurant Equipment Food Hoding And Warming Equipment Holding Cabinets
Vulcan VP18 Full Height Glass Door Non-Insulated Mobile Proofing and Holding Cabinet, 120 Volts skuı Vpis Addowsstis

$\$ 3,115.00$


OR
Request a Quote for your price

Attention!
Order by $911 / 2022$ to save before the price increases!

## CHECK AMALABILITY ? FINANCE $\$ 57.99 \mathrm{mon}^{?}$ ?

Warranty
1 year limited parts \& labor warranty, standard
10 year warranty on heating elements, standard

## VILCAII



48****
Customer Reviews
$\leftarrow \rightarrow \mathrm{C} \|$ ckichen.com/p/pitco-frialator-sq14-s-solstice-fiver.htme

KiGurlacema
Authorized Dealer for 38 Years

## 4. What can we help you find?

| Restaurant Equipment | Commercial Refrigeration | $\begin{aligned} & \text { Food } \\ & \text { Preparation } \end{aligned}$ | Smallware | Storage \& Transport | Disposables | Restarrant Furniurre | Janitorial Supply | Kitchen Supplies | Business Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Citicten Restaurant Eaumment Fyyers Floor Model Oas Fyyers
Pitco SG14-S Solstice Series 15.50 lb . Gas Floor Model Full Pot Fryer with Millivolt Controls : 110,000 BTU
tot (7) SKU\#. SG14-S Add to wishlisi


Ship To:<br>Goodwill Industries Suncoast Nora Callahan<br>10596 Gandy Blvd.<br>St. Petersburg, FL 33702

## Bill To:

Goodwill Industries Suncoast
Goodwill

## From:

E. Friedman Associates Inc. Scott Groves
400 Rella Blvd, Ste. 123-83
Ste. 123-83
Montebello, NY 10901
718-338-5800 2364
347.394.4265 (Contact)

## QUOTATION VALID FOR 30 DAYS.

| Item | Qty | Description | Sell | Sell Total |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 1 | 2 ca | ICE MAKER, CUBE-STYLE | $\$ 2,782.75$ | $\$ 5,565.50$ |

ITEM TOTAL:
\$5,565.50
1 ea FREE FREIGHT
EFA Model No. FREE FREIGHT
Free freight to any location in the Continental USA.

1 ea MANUFACTURER'S LEAD TIME
EFA Model No. LEAD TIME
Lead time from this manufacturer is $60-90$ days.

EFA Model No. PAYMENT OPTIONS
PAYMENT OPTIONS ARE AS FOLLOWS:

Initial:
1.) PAYMENT IN FULL BY MAJOR CREDIT CARD
2.) PAYMENT BY BANK TRANSFER OR CHECK ( 2 \% DISCOUNT AVAILABLE FOR THIS OPTION. CHECKS REQUIRE A FIVE BUSINESS DAY CLEARANCE TIME PRIOR TO PROCESSING. WIRE TRANSFERS PROCESS AS SOON AS FUNDS ARE RECEIVED.)
3.) NET 30 TERMS AVAILABLE UPON APPROVAL BY OUR CREDIT DEPARTMENT.

|  |  |  |  |  | Total |  | \$5,565.50 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | anufac | Summar |  |  |  |
| Mfr | FOB | ZIP | Class | Weight | Good Until | Terms | Notes |
| EFA |  |  |  |  |  |  |  |
| Manitowoc | Destination | 38019 | 92.5 | 340 |  |  |  |
| Manitowoc | Destination | 54221-1720 | 92.5 |  |  |  |  |

Acceptance: $\qquad$ Date: $\qquad$
Printed Name: $\qquad$
Project Grand Total $\cdot \$ 5,56550$

| Restaurant Equipment | Commercial Refiggeration | Food Preparation | Smallware | Storage \＆ Transport | Disposables | Restaurant Furniture | Janitoria Supply | $\begin{aligned} & \text { Kitchen } \\ & \text { Supplies } \end{aligned}$ | Business Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Cktchen Refrgeration Equipment Merchandisers Merchandiser Reffitierators
True Mfg．－General Foodservice GDM－23－HC～TSL01 27＂Black 1 Section Swing Refrigerated Glass Door Merchandiser SKU\＃：GDM－23－HC～TSL01




OR
Request a Quote for your price

Login／Register to view all OUR PRICES！
Or enler your emal to receive the price SEND



2022 model，＇neets the newest EPA and DOE codes．
ざルе
年

$61(800) 555-0666$ Opan How Closes at：00pm（EsT），


Sivirlvcelle
\＄．What can we help you find？

| Restaurant Equipment | Commercial Refligeration | Food Preparation | Smallware | Storage $\&$ Transport | Disposables | Restaurant Furniture | Janitoria Supply | Kitchen Supplies | Business Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Clicthen Refingeration Equoment Pass－Thu Refigerators
True Mfg．．General Foodservice STG2RPT－2G－2S－HC 52．63＂ 56.0 cu．ft． 2 Section Glass／Solid Door Pass－Thru Refrigerator sku\＃．STG2RPT－26－2s－HC

Add to wisthlist
\＄12，858．13
You will eam 12743 Revard Points


OR
$\square$
Login／Register to view all OUR PRICES
Or enter your emal to receive the price SEND

Check amallability ${ }^{2}$ Finance $\$ 273.84 \mathrm{mmo}^{\text {Por }}$ ．

## 2022 model．meets the newest EPA and DOE codes

## Comprassor warranty

Warranty－ 7 year compressor（seli－contained only），please visit www Truerng．com for specifics（updated warranty sheet pending from True）
tぃe

61 （800）555－0666 Open Now Closes at ：000 PM（EST）－

I．What can we help you find？

| Restaurant Equipment | Commercial Refrigeration | Food Preparation | Smalware | Storage \＆ Trensport | Disposabies | Restaurant Furniture | Janitoria Supply | Kitchen Supplies | Business Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |

Clitchen Refrigeration Equipment Merchandisers Merchandiser Refiygerators
True Mfg．－General Foodservice Mfg．－Specialty Retail Display GDM－41SL－HC－LD Slim Line Refrigerated Merchandiser skul：Golu－4sL－HC－LD Addowshist

\＄8，051．09
You will earn 6813 Reward Ponts．


OR

Request a Quote for your pice
－agin／Register to view all OUR PRICES
Or ener your email to receive the price SEND

## CHECK AMALLABILITY？PINANCE $\$ 146.42$ mo．

## Compressor warranty

Warianty－ 7 year compressor（self－contained only），pease wist ww．Truenfg com for specifics

## ťш

Vew all True Mif．－General Foodsenvice Merchandiser Refigeralors

# , <br> CHERNOFF 

Project:
Good Will Suncoast

From:
Chernoff Sales, Inc. Cindy Kettles 6280 NW 27th Way
Ft.Lauderdale, FL 33309
(941)726-6612

Project Code: GOOD_WIL
Pricing is based on manufacturers terms and conditions, and is subject to change.
Below pricing does not include shipping charges. Equipment does not include factory startups.

| Item | Qty | Description | Sell | Sell Total |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 1 | 1 ea | DISHWASHER, DOOR TYPE | $\$ 6,187.35$ | $\$ 6,187.35$ |


| Merchandise | $\$ 7,780.50$ |
| :--- | :--- |
| Subtotal | $\$ 7,780.50$ |
| Total | $\$ 7,780.50$ |

Initial: $\qquad$

## FEATURES

## Low Temperature

Double Rack Dishwasher


CMA MODEL: B


Low Chemical Alarm is an audible alarm and warning light feature that gives a warning when sanitizer product is nearly empty.


Unique pull-pin design allows wash arms to be easily removed for cleaning.


Pump purging system improves results by eliminating soil and chemical carryover during rinse cycle.

## AVAILABLE OPTIONS

- Solid/Powder Dual Bowl Dispenser
- Temp-Sure heater assures a continuous supply of $140^{\circ} \mathrm{F}$ hot water guarantees excellent results. Requires a separate 208-240v 3 phase 40 amp power supply.
- Alternative Cycle Times
- Alternative Voltages Available
- Stainless Steel Tables
- Stainless Steel Scrap Trap in lieu of Poly Pro
- Slant Shelf 21 "X42"



## Project:

GOODWILL ST PETERSBURG- ice machine

From:
Gordon Food Service
Eric Raines
PO Box 1787.
Boynton Beach, FL 334264212
7742261743
$\left.\begin{array}{lllrr}\text { Item } & \text { Qty } & \text { Description } & \text { Sell } & \text { Sell Total } \\ \hline 1 & 1 \text { cs } & \text { NUGGET ICE MAKER } & & 6,537.95\end{array}\right) 6,537.95$

Hoshizaki Model No. FD-650MAJ-C
Ice Maker, Cubelet-Style, 22"W, air-cooled, self-contained condenser, production capacity up to $634 \mathrm{lb} / 24$ hours at $70^{\circ} / 50^{\circ}(495 \mathrm{lb}$ AIIRI certified at $90^{\circ} / 70^{\circ}$ ), stainless steel finish, H-Guard Plus antimicrobial agent, compressed cubelet style ice, Advanced CleanCycle24 ${ }^{\text {TM }}$, R404A refrigerant, $115 \mathrm{v} / 60 / 1$-ph, 11.3 amps , NSF, UL
1 cs Warranty: 3-Year parts \& labor on entire machine
1 cs Warranty: 5-Year parts on compressor \& air-cooled condenser
1 cs 3 wire with neutral for 115 v , standard
Current lead time end of September, freight and liftgate additional.

|  |  | ITEM TOTAL: | $\mathbf{6 , 5 3 7 . 9 5}$ |
| :--- | :--- | :--- | ---: | :--- |
| 2 | 1 cs |  |  |

Hoshizaki Model No. FD-1002MAJ-C
Ice Maker, Cubelet-Style, 22 "W, air-cooled, self-contained condenser,
production capacity up to $890 \mathrm{lb} / 24$ hours at $70^{\circ} / 50^{\circ}(726 \mathrm{lb}$ AHRI
certified at $90^{\circ} / 70^{\circ}$ ), stainless steel finish, H-Guard Plus antimicrobial
agent, compressed cubelet style ice, Advanced CleanCycle24 ${ }^{\text {TM }}$, R-404A
refrigerant, 115v/60/1-ph, 15.2 amps , NSF, UL
1 cs Warranty: 3-Year parts \& labor on entire machine
1 cs Warranty: 5-Year parts on compressor \& air-cooled condenser
Current lead time end of January 2023 ,freight and liftgate additional.
ITEM TOTAL:
8,220.21

| 3 | 1 ea | ICE BIN, PARTS \& ACCESSORIES | 621.03 | 621.03 |
| :--- | :--- | :--- | :--- | :--- |
|  | Cornelius Model No. 629083802TE |  |  |  |
|  | Cornelius 629083802TE KIT ADAPTER ED200/250 14IN WIL |  |  |  |

ITEM TOTAL:
621.03

Initial: $\qquad$

## Acceptance:

$\qquad$ Date: $\qquad$
Printed Name: $\qquad$
Project Grand Total: 15,379.19

Phone: (800) 632-4572 | Fax: (269) 795-1189

08/25/2022
TW123180
Quote

To: Goodwill Industries - Suncoast \#3552
Nora Callahan
10596 Gandy Blvd
St. Petersburg, FL 33702-
(727) 423-4160 (Contact)
nora.callahan@goodwill-
suncoast.com
Ship To: Goodwill Industries - Suncoast \#3552
10596 Gandy Blvd
St Petersburg, FL 33702-
"Invoices paid with credit card are subject to a 3\% processing fee"
DUE TO INCREASE IN DELIVERY DAMAGE, PLEASE READ IMPORTANT INFORMATION ABUOT YOUR DELIVERY AT BOTTOM OF QUOTE.

| Item | Qty | Description | Sell | Sell Total |
| :---: | :---: | :---: | :---: | :---: |
| 1 | 1 ea | REACH-IN UNDERCOUNTER FREEZER | \$7,897.21 | \$7,897.21 |
|  |  | True Mfg. - General Foodservice TUC-60-32F-HC <br> Deep Undercounter Freezer, $-10^{\circ}$ F, side mounted self-contained refrigeration, (2) stainless steel doors, (4) PVC coated adjustable wire shelves, stainless steel top \& sides, aluminum interior with stainless steel floor, $5^{\prime \prime}$ castors, R290 Hydrocarbon refrigerant, $1 / 2 \mathrm{HP}, 115 \mathrm{v} / 60 / 1$-ph, 5.8 amps , NEMA $5-15 \mathrm{P}, \mathrm{cULus}$, UL EPH Classified, Made in USA |  |  |
|  | 1 ea | Self-contained refrigeration standard |  |  |
|  | 1 ea | Warranty - 7 year compressor (self-contained only), please visit www.Truemfg.com for specifics |  |  |
|  | 1 ea | Warranty - 5 year parts \& labor, please visit www. Truemfg.com for specifics |  |  |
|  | 1 ea | Castors, 5 " (36" work surface height) standard |  |  |
|  |  | Free Freight To Loading Dock |  |  |

Weight: 365 lbs total
Extended Total:
\$7,897.21
21 ea GRIDDLE, ELECTRIC, COUNTERTOP $\quad \$ 3,715.21 \quad \$ 3,715.21$
Star 548TGF
Star-Max ${ }^{\circledR}$ Heavy Duty Griddle, electric, countertop, 48" W x 20-3/4" D cooking surface, $1^{\prime \prime}$ thick polished steel griddle plate, $150^{\circ}-450^{\circ} \mathrm{F}$ snap-action thermostat and 4000 watt element every $12^{\prime \prime}$, welded steel frame with stainless steel top and front, splash guard \& grease trough, aluminized steel sides, chrome metal knobs, grease drawer, $4^{\prime \prime}$ steel legs, cULus, UL EPH Classified, CSA, Made in USA
1 ea 2 year parts \& labor warranty, standard
1 ea (548TGF) 208/240v/60/1-ph or 3-ph, 12.0/16.0 kW, field wired (Field


Thank you for the opportunity to provide this quote for you. Please contact me if you have any questions, need more information or would like to place an order.
Thanks again,
Tammy
HPS Customer Service
twilcox@hpsnet.com

Pricing does not include freight charges unless otherwise noted.
FREIGHT ESTIMATES MUST BE CONSIDERED APPROXIMATE GUIDELINES ONLY AND DO NOT INCLUDE ANY NON-COMMERCIAL, LIMITED ACCESS, LIFTGATE FEES \& FUEL SURCHARGES THAT MAY APPLY.

08/29/2022
TW123235

| Quote |  |  |  |
| :---: | :---: | :---: | :---: |
| To: | Goodwill Industries - Suncoast \#3552 | From: | HPS |
|  | Nora Callahan |  | Tammy Wilcox |
|  | 10596 Gandy Blvd |  | Customer Service Representative |
|  | St. Petershurg, Fl 33702- |  | 3275 N M-37 HIghway |
|  | (727) 423-4160 (Contact) |  | Middleville, MI 49333 |
|  | nora.callahan@goodwill- |  | (800) 632-4572 (Contact) |
|  | suncoast.com |  | twilcox@hpsnet.com |

Ship To: Goodwill Industries - Suncoast \#3552
10596 Gandy Blvd
St Petersburg, FL 33702-
"Invoices paid with credit card are subject to a $3 \%$ processing fee"
DUE TO INCRFASE, IN DELIVERY DAMAGE, PLEASE READ IMPORTANT INFORMATION ABUOT YOUR DELIVERY AT BOTTOM OF QUOTE.

| Item | Qty | Description | Sell | Sell Total |
| :---: | :---: | :---: | :---: | :---: |
| 1 | 1 ea | DISHWASHER, DOOR TYPE | \$5,573.50 | \$5,573.50 |
|  |  | CMA Dishmachines B <br> Energy Mizer® ${ }^{\text {® }}$ Dishwasher, door type, 44" W, double rack, low temperature chemical sanitizing with priming switches, top mounted controls, auto "start/stop", straight-thru design, (80) racks/hour, delimer switch, extended height wrapper, Poly Pro ${ }^{\text {™ }}$ scrap accumulator, stainless steel construction, includes (1) open \& (1) peg rack, 1 HP wash pump, ENERGY STAR®, cULus, ETL- <br> Sanitation <br> Dimensions $60.5(\mathrm{~h}) \times 44.25(\mathrm{w}) \times 25.25(\mathrm{~d})$ |  |  |
|  | 1 ea | 115v/60/1-ph, 30.0 amps , standard |  |  |
|  | 1 ea | TEMP-SURE FI Factory installed Temp-Sure (self contained 12.0 kw heater), continuous supply of $140^{\circ} \mathrm{F}$ hot water, requires a separate $208-240 \mathrm{~V} / 1$ or 3 phase, cULus, NSF | \$1,435.09 | \$1,435.09 |
|  |  | Weight: 404 lbs total |  |  |

Thank you for the opportunity to provide this quote for you. Please contact me if you have any questions, need more information or would like to place an order.
Thanks again,
Tammy
HPS Customer Service
twilcox@hpsnet.com
Pricing does not include freight charges unless otherwise noted.

Quote
To: Goodwill Industries - Suncoast \#3552 From: HPS

Nora Callahan
10596 Gandy Blvd
St. Petersburg, FL 33702-
(727) 4234160 (Contáct)
nora.callahan@goodwill
suncoast.com
Ship To: Goodwill Industries - Suncoast \#3552
10596 Gandy Blvd
St Petersburg, FL 33702-
Fryer
"Invoices paid with credit card are subject to a 3\% processing fee"
DUE TO INCREASE IN DELIVERY DAMAGE, PLEASE READ IMPORTANT INFORMATION ABUOT YOUR DELIVERY AT BOTTOM OF QUOTE.

| Item | Qty | Description | Sell | Sell Total |
| :---: | :---: | :---: | :---: | :---: |
| $\sqrt{2}$ | 1 ea | GAS FLOOR FRYER | \$2,616.85 | \$2,616.85 |
|  |  | Pitco Frialator SG14-S <br> Solstice ${ }^{\text {TM }}$ Fryer, gas, floor model, full frypot, 40-50 lb. oil capacity, millivolt control ONLY, includes drain line cleanout rod \& drain extension, stainless steel tank, front, door \& sides, 110,000 BTU, NSF, CE, CSA Flame, CSA Star, AuGA (free standing, stand alone only fryer - special price) |  |  |
|  | 1 ea | 1 year parts and labor warranty from the date of installation up to a maximum of 15 months from the date of manufacture (with appropriate documentation), standard |  |  |
|  | 1 ea | Natural gas |  |  |
|  | 1 ea | P6072145 Basket, (2) oblong/twin size, $13-1 / 2^{\prime \prime} \times 6-1 / 2^{\prime \prime} \times 5-3 / 4^{\prime \prime}$ deep, long handle, regular mesh (shipped std ( $n / \mathrm{c}$ ) with models "T" SG14, SG14R, SSH55, SE14, SE14X, SE14B, SG14T, 35+, 45+, fryer batteries shipped with (1) per fryer |  |  |
|  | 1 ea | B2101501 Tank Cover, 18 gauge light duty, for models: SG14/14T/14R, SGBNB14, SSH55/55T/55R/55TR, SSH60/60R (with out basket lifts) | \$241.57 | \$241.57 |
|  | 1 st | B3901504 Casters, 9" adjustable swivel (set of 4) non-lock rear \& lock front casters, solstice supreme, SG, SE, VF and flat bottom fryers, pasta cookers, rethermalizers, BNB | \$334.13 | \$334.13 |
|  |  | Free Freight to loading dock Weight: 200 Ibs total |  |  |


| $\mathbf{2} 1$ kt | BLUE HOSE GAS CONNECTOR KIT | $\$ 255.24$ | $\$ 255.24$ |
| :--- | :--- | :--- | :--- |
|  |  | Dormont Manufacturing 1675KIT48PS |  |
|  | Dormont Blue Hose ${ }^{\text {TM }}$ Moveable Gas Connector Kit, 3/4" inside dia., 48" long, |  |  |

## Quote

To: Goodwill Industries - Suncoast \#3552
Nora Callahan 10596 Gandy Blvd St. Petersburg, FL 33702(727) 423-4160 (Contact) nora.callahan@goodwillsuncoast.com
Ship To: Goodwill Industries - Suncoast \#3552 10596 Gandy Blvd St Petersburg, FL 33702Double Convection Uven
"Invoices paid with credit card are subject to a 3\% processing fee"
DUE TO INCREASE IN DELIVERY DAMAGE, PLEASE READ IMPORTANT INFORMATION ABUOT YOUR DELIVERY AT BOTTOM OF QUOTE.


```
Quote
To: Goodwill Industries - Suncoast \#3552
Nora Callahan
10596 Gandy Blvd
St. Petersburg, FL 33702-
(727) 423-4160 (Contact)
nora.callahan@goodwill-
suncoast.com
```

Ship To: Goodwill Industries - Suncoast \#3552
10596 Gandy Blvd
St Petersburg, FL 33702
Refrigerated Merchandiser, Pass-Thru
Refrigerator \& Slim Line Refrigerated
Merchandiser
"Invoices paid with credit card are subject to a 3\% processing fee"
DUE TO INCREASE IN DELIVERY DAMAGE, PLEASE READ IMPORTANT INFORMATION ABUOT YOUR DELIVERY AT BOTTOM OF QUOTE.


|  |  |  | Extended Total: | \$5,339.20 |
| :---: | :---: | :---: | :---: | :---: |
| 2 | 1 ea | PASS-THRU REFRIGERATOR | \$11,752.50 | \$11,752.50 |
|  |  | True Mfg. - General Foodservice STG2RPT-2G-2S-HC SPEC SERIES ${ }^{\circledR}$ Refrigerator, pass-thru, two-section, (2) glass doors front, (2) stainless steel doors rear, locks, cam-lift hinges, digital temperature control, (6) gray shelves, LED interior lights, stainless steel front, aluminum sides, aluminum interior, 5" castors, R290 Hydrocarbon refrigerant, $1 / 2 \mathrm{HP}$, 115v/60/1-ph, 5.9 amps, NEMA 5-15P, cULus, UL EPH Classified, Made in USA, ENERGY STAR ${ }^{\circledR}$ |  |  |

1 ea Warranty - 7 year compressor (self-contained only), please visit www.Truemfg.com for specifics
1 ea Warranty - 5 year parts \& labor, please visit www.Truemfg.com for specifics
1 ea Thermometer side: Left door hinged on left, right door hinged on right, standard
1 ea Rear: Left door hinged on left, right door hinged on right, standard
1 ea Chrome plated slielf (iricludes shelf clip supports) (specify for left, center or $\quad \$ 194.30 \quad \$ 194.30$ right section, if applicable), each
1 st 5 " castors (sel of 4), standard
NOTE: True only makes that Spec Series now in the Pass-Thru Cabinets, so the T49PT is not available.
1 ea Free Freight To Loading Dock
Weight: 710 Ibs total
Extended Total:
1 ea REFRIGERATED MERCHANDISER
True Mfg. - Specialty Retail Display GDM-41SL-HC-LD
Slim Line Refrigerated Merchandiser, two-section, (8) wire shelves, (2) Low-E thermal glass sliding doors, LED interior lights, powder coated steel exterior, white interior with stainless steel floor, R290 Hydrocarbon refrigerant, $1 / 2 \mathrm{HP}$, $115 \mathrm{v} / 60 / 1-\mathrm{ph}, 10.8 \mathrm{amps}$, NEMA 5-15P, cULus, UL EPH Classified, Made in USA
1 ea NOTE: Commonly stocked model in black exterior; verify availability with factory
1 ea Self-contained refrigeration standard
1 ea Warranty - 5 year parts and labor, please visit www.Truemfg.com for specifics
1 ea Warranty-7 year compressor (self-contained only), please visit www.Truemfg.com for specifics
1 ea Exterior: Black powder coated steel, standard
1 ea Interior: White aluminum, standard
1 ea S-PS Sign, Plain Stainless Steel in lieu of standard
1 st Castors, 2-1/2" \$536.15 \$536.15
1 ea Barrel lock factory installed, slide two door model \$338.93
\$338.93
1 ea PVC coated wire shelf, each (shelf clips included) \$170.92
\$170.92
1 ea True Mfg. - General Foodservice Free Freight To Loading Dock
Weight: 410 lbs total
Extended Total:
$\$ 6,804.46$
Thank you for the opportunity to provide this quote for you. Please contact me if you have any questions, need more information or would like to place an order.
Thanks again,
Tammy
HPS Customer Service
twilcox@hpsnet.com

Pricing does not include freight charges unless otherwise noted.
FREIGHT ESTIMATES MUST BE CONSIDERED APPROXIMATE GUIDELINES ONLY AND DO NOT INCLUDE ANY NON-COMMERCIAL, LIMITED ACCESS, LIFTGATE FEES \& FUEL SURCHARGES THAT MAY APPLY.

Please verify all Dimensions and any Voltage \& Phase or any Gas types before placing an order.
Verify equipment will fit through all doorways and sufficient turning room exists at all points along route to final destination inside building.

Pricing is subject to tariff \& fuel surcharges due to current volatile economic situations.

## PRICE INCREASES / AVAILABILITY / LEAD TIMES

This quote is based upon the manufacturer's current published price list.
Freight delays and/or periodic shortages of raw materials and parts due to the worldwide pandemic may result in extended lead times and increased cost after your order is placed, which is out of our control.

HPS cannot be held responsible for any manufacturer cost increases or production delays to orders. We will communicate with you as soon as we are notified should any changes occur.

## Important Information about your Delivery!

You are responsible for:

- Removing the shipment from the truck
-     - Bringing it into your location
-     - Noting damaged or missing items on the carrier's delivery receipt

Upon inspection, if any piece of the shipment is damaged or missing:

- . Note it clearly on the delivery receipt before signing (ie - "missing 3 pieces", "holes in packaging", "multiple dents on table", etc).
-     - Keep your copy of the delivery receipt
-     - Contact us within 1 business day
-     - Keep the damaged packing materials for inspection
-     - Take pictures of the damaged items and packaging

If you do not make note of these issues in any way on the delivery receipt, we cannot guarantee any compensation for damaged or missing items. By signing your name on the delivery receipt without declaring these exceptions, you are stating that you have received your shipment in acceptable condition.

Acceptance: $\qquad$ Date: $\qquad$
$\qquad$




| Website: | katom.com | Phone: | (800) 541-8683 | Fax: | (800) 821-9130 |
| :--- | :--- | :--- | :--- | :--- | :--- |

This office will follow up with you within 24 hours to ensure you received this quotation. Quotation must be signed below to be official.

## Submitted by:

$\qquad$ Accepted by: $\qquad$

| Subtotal: | $20,119.89$ |
| :--- | ---: |
| S, H, \& I: | 45.00 |


| Total Sales Tax: | 4,414.54 |
| ---: | ---: |
| Total: | $21,576.43$ |

Federal and/or State tax laws may apply at the time of invoicing.


| Website: | katom.com | Phone: | (800) 541-8683 | Fax: | (800) 821-9130 |
| :--- | :--- | :--- | :--- | :--- | :--- |

This office will follow up with you within 24 hours to ensure you received this quotation. Quotation must be signed below to be official.

## Submitted by:

$\qquad$ Accepted by: $\qquad$

| Subtotal: | $12,198.45$ |
| ---: | ---: |
| S, H, \& I: | 59.63 |
|  |  |
| Total Sales Tax: | -858.07 |
| Total: | $13,116.15$ |

Federal and/or State tax laws may apply at the time of invoicing.




| Website: | katom.com | Phone: | (800) 541-8683 | Fax: | (800) 821-9130 |
| :--- | :--- | :--- | :--- | :--- | :--- |

This office will follow up with you within 24 hours to ensure you received this quotation. Quotation must be signed below to be official.
Submitted by: $\qquad$ Accepted by: $\qquad$

| Subtotal: | $39,269.45$ |
| ---: | ---: |
| S, H, \& I: | 45.00 |
|  |  |
| Total Sales Tax: | $5,110.88$ |
| Total: | $44,425.33$ |

Federal and/or State tax laws may apply at the time of invoicing.

| O Giad Now | Onime | Customes Seviceoonn |
| :--- | :--- | :--- |
| Sam |  |  |

Mebstaurant Store aus Free shipping a wer zo:

| Restautant | Cormietcal Refligeration | Smalwaic: | Storage 9 <br> Itanspont | Iabletops Brnerwale | Disposables | niture | $\begin{aligned} & 1000 \text { \& } \\ & \text { Beverage } \end{aligned}$ | Jantorna Supplies | radustio Supples | Busness Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |


Cornelius 629088536 Adaptor Kit, 30", Im Idc2Xx
Leave a review hem \# HP 62908853


| ${ }^{\text {Only }} 889.82 / \text { Each }$ |  |
| :---: | :---: |
| 4 interestree paymens of $\$ 224.00$ Prequalify > | , ify > ©cmornev |
| Add to Cart |  |
| Earn up to $\$ 26.99$ back <br>  |  |
| Wish tist ${ }_{\text {e }}$ | Rapidi Reorder |
| ~OEM pan ensures waranty / agency complience and best performance |  |
| UPC Code: | 400014494817 |
| Shipping: |  |
| Usually Ships Same Day Through 4PM EST | M EST |

## Comelus.

## DELL

16 WRIM Computers $\$ 8256.00$


10 Dell towers for Employment, Corrections (Refurbished) \$4930.00

| Dell OptiPlex 7060 Tower High |  |
| :---: | :---: |
| Performance Desktop Computer, Intel Six |  |
| Core i7-8700 up to 4.6 GHz , 16G DDR4, 512G SSD, WiFi, BT, 4K Support, DP, Win |  |
|  |  |
| 10 Pro 64 |  |
| English/Spanish/French(Renewed) Visit the Dell Store |  |
|  |  |
|  |  |
| \$493 ${ }^{\text {8 }}$ |  |
| Get 5\% back (\$24.69 in rewards) on the amount charged to your Amazon Prime Rewards Visa Signature Card. |  |
|  |  |
| Enhance your purchase |  |
| Payment plans <br> 2 options from $\$ 41.16 / \mathrm{mo}$ ( 12 mo ) with $0 \%$ APR |  |
|  |  |
| One-time payment $\$ 493.98$ |  |





+ 3 larger images and views



## Dell OptiPlex 7060 SFF Desktop - Intel Core

 i7-8700 3.2GHz, 16GB RAM, 256GB SSD, Integrated Graphics, DVD, 1x USB-C, 2x DP, Win 11 Pro, 2 Years Warranty, Grade A Refurbished - J1-7060SA02-REFItem\#: 42634582 | Model\#: J1-7060SA02-REF | CERTIFIED REFURBISHED
Be the first to write a review

## Like 0 Tweet

```
Instant Savings: - \(\$ 730.00\) (54\%)
Price: \(\$_{629}{ }^{99}\)
\$9.99 Shipping
```

```
ManageEngine)
a division of Zoho Corp.
Phone: +1-925-924-9500
Fax: +1-925-924-9600
Email: sales@manageengine.com
```

Zoho Corp is pleased to provide a price quote for ManageEngine products. You can see the pricing model in the table below.

## ManageEngine Pricing

|  |  | o7 Sep 2022 |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Part Number | Product | No of <br> License(s) | Unit <br> Price in \$ | Amount <br> in \$ |
| 85201.2SCA4 | ManageEngine Endpoint Central <br> UEM Edition - Cloud Annual - <br> upgrade fee for 8oo endpoints <br> prorated till 20 Jul 2023. | 1 | $1,732.00$ | $1,732.00$ |
|  |  |  |  |  |

Net Amount: \$1,732.00

## Terms \& Conditions

## 1.Validity

Prices are open for acceptance until 15 days from the date of offer. Please reconfir m the prices after the expiration date or before sending your Purchase Order.

## 2. Payment Terms

Net 30 Days.

## 3. Payment Mode

a.You can purchase through our online store (or) I can send you a customized link to purchase through a credit card.
b.Please issue Purchase Order via email mithul@manageengine.com along with the end user email address.
c.Please mention the Accounts Payable contacts in the PO.
d.Zoho Corp accepts payment by valid company check or wire transfer. Please contact Zoho Corp for wire transfer particulars.

## Submit your Purchase Order to:

## Mithul

E-mail: mithul@manageengine.com

Sincerely,
Mithul
Sales Coordinator

DATA CENTER VIRTUALIZATION \& CLOUD
 NFRASTRUCTURE

## Add to Cart

VMware vSphere Essentials

Plus Kit
Quantity
1
Support Level
Basic
Technical Support, 12 Hours/Day per published Busines
Hours. Monday through Friday bout Basc support click here.

VMware Basic Support is designed for noncritical applications and platforms that require support during normal business hours.

## PowerEdge R550 Rack Server Summary

## Dell Price \$15,150.87

Server Box is a host to hold multiple virtual servers through the network all in one box for mission based.
Manage Engine Upgrade: adding imaging/Operating System deployment and management for Windows 10 computers and Mobile Device management

Server for Goodwill software - mission based.

ARPA Nonprofit Capital Project Fund - Small Purchases Budget

## Organization Name: Goodwill Suncoast <br> Proposal Name: IT and Kitchen Remodel -SPRRC Re-entry program



THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL
Columns $\mathrm{E}, \mathrm{H}$, and the "TOTAL" row are locked and cannot be edited

| Key |  |  |  |
| :--- | :--- | :--- | :--- |
| Item (Description) | Brief name/description of the purchase requested |  |  |
| Price per item | The individual price of one unit of the proposed purchase |  |  |
| Quantity of Item | The number of units of the proposed purchase you are requested |  |  |
| Purchase Total | Total purchase cost of the proposed line item (quantity multipled by price) |  |  |
|  |  |  |  |
| ARPA Grant Funds Requested | The amount of ARPA funding requested for this line item |  |  |
| Applicant Match | The amount (if any) that you, the applicant, are contributing towards the purchase of the line item |  |  |
| Funding Total | Total funding for proposed line item (ARPA grant request plus applicant match) |  |  |

## Operating and Capital Budgets

Fiscal Year 2022-2023
Comparison of FYE 2022-2023 with FYE 2021-2022 Projected Annual Budget b
Operating/Capital Cash Flow Budget
Five-Year Budget Projection through 2026-2027 15-Year Retail Store Growt Capital Needs Budget
GOODWILL INDUSTRIES-SUNCOAST, INC.
COMPARISON OF FYE 2022-23 BUDGET WITH FYE 2021/22 PROJ

| FYE 2022-2023 |  |
| :---: | :---: |
|  |  |
|  | FYE 2022-23 |
|  | BUDGETED |
| EARNED REVENUE: |  |
| Store Sales | 60,573,776 |
| Salvage \& Other | 2,687,849 |
| Total Donated Goods | 63,261,625 |
|  |  |
| ReEntry Services | 4,339,078 |
| Workforce Development | 191,256 |
| Developmental Services | 155,644 |
| Vocational Services | 223,100 |
| JobWorks | 1,213,608 |
| Temp Staffing | 521,040 |
| GIS Mgmt.,Cafeteria, Other | 669,234 |
| Total Mission Services | 7,312,960 |
|  |  |
| Total Fund Development | 1,260,143 |
|  |  |
| Total General Administrative | 139,206 |
|  |  |
| Total Earned Revenue | 71,973,934 |
| Total Earned Revenue 71,073,034 |  |
| EXPENSES: |  |
| Stores | 35,018,693 |
| Processing/Warehousing | 5,607,481 |
| Collections | 1,001,122 |
| Transportation | 2,488,444 |
| Salvage | 585,032 |
| DG Management | 1,554,076 |
| Total Donated Goods | 46,254,848 |
|  |  |
| FYE 2022-23 BUDGETED |  |


|  |  |
| :--- | ---: |
| ReEntry Services | $3,535,957$ |
| Workforce Development | 228,251 |
| Developmental Services | 145,357 |
| Vocational Services | 363,821 |
| JobWorks | $1,066,004$ |
| Temp Staffing | $(976,709)$ |
| GIS Mgmt.,Cafeteria, Other | $1,107,578$ |
| HS Administration | 642,169 |
| Total Mission Services | $6,112,428$ |
|  | 712,814 |
| Total Fund Development | $1,512,533$ |
|  | $1,173,872$ |
| Corporate | 640,104 |
| Finance | $1,690,108$ |
|  | $1,695,334$ |
| Human Resources | 292,320 |
| Facility Services | 375,549 |
| Risk Management | $1,750,271$ |
| Security | 230,464 |
| Information Technology | $9,360,555$ |
| GIA Dues and other |  |
| Total General Administrative | $62,440,645$ |
| Total Expenses | $9,533,289$ |
| Gain/(Loss) |  |


|  |  | GOODWILL INDUS' |
| :---: | :---: | :---: |
|  |  | ANNU, |
|  |  | FISCAL, |
|  |  |  |
|  | Jul-22 | Aug-22 |
| EARNED REVENUE: |  |  |
| Store Sales | 5,005,084 | 4,762,8. |
| Salvage and Other | 241,643 | 151,6 |
| Total Donated Goods | 5,246,727 | 4,914,5 |
|  |  |  |
| ReEntry Services | 363,753 | 363,7! |
| Workforce Development | 15,938 | 15,9: |
| Developmental Services | 12,937 | 12,9: |
| Vocational Services | 38,400 | 24,2 |
| JobWorks | 101,134 | 101,1 |
| Temp Staffing | 42,640 | 44,61 |







CAPITAL NEEDS 2022-2023
Total: $\$ 3,500,000$

| Priority \# | Department | Item Description |
| :---: | :---: | :---: |
| 1 | As Identified | Accessibility Contingency |
| 2 | As Identified | Safety Contingency |
| 3 | As Identified | AC Contingency includes <br> Roof Top HVAC at Gandy Center (\#20 Finance: \$15,000 \#13 J-Wing: \$20,000) Roof Top HVAC at Cypress Creek SS Roof Top HVAC at Ocala SS |
| 4 | As Identified | Building Upgrade Contingency |
| 5 | As Identified | Equipment Contingency: All Cost Centers includes Stacker Replacements: Brandon SS, 34th St SS, Lakє Oldsmar SS, Cypress Creek SS, and others as needed; Electric Fork Lift as needed |
| 6 | As Identified | Parking Lot Repair Contingency including Parking Lot Striping: Spring Hill SS, Ocala SS, Wildwood SS, al SS |
| 7 | As Identified | Tree Trimming and Landscaping Maintenance including Wildwood SS: Tree, Irrigation and Landscapin Replacement |
| 8 | All Retail | Fixture Contingency |
| 9 | Marketing | Retail Video Monitor Contingency |


| 10 | As Identified | IT Software and Hardware Upgrades/Additions and Contingencies: <br> Vmware vSphere Essentials Plus: Server Monitoring and Management Software: \$5,600 <br> New Server (Host): \$15,000 <br> Manage Engine Upgrade: adding imaging/Operating System deployment and management for 1 10 computers and Mobile Device management: \$3,700 Network Equipment: \$1,000 <br> Power Equipment (UPS Replacements): \$1,500 Chromebooks (10) CEI Tampa General SEARCH s \$3,500 <br> Employment Computers (10) Corrections TBCCC: $\$ 5,200$ <br> WRIM Computers (16) Corrections TBCCC: $\$ \mathbf{8 , 3 2 0}$ Misc Software to replace GISnet functionality funds available |
| :---: | :---: | :---: |
| 11 | Corrections TBCCC | Start Up Costs for Software Replacement (SecureManage) |
| 12 | Gandy Café | Cafeteria Equipment and Renovations: Table Top Freezer: \$4,000 <br> Wall Renovation: \$5,000 <br> Grill with Refrigerator: \$6,000 Warmer: \$3,000 <br> TV with Mount: \$1,000 |
| 13 | Loss Prevention | Update Camera Systems: Lakeland SS, Spring Hill SS, Ruskin Store, Ocala SS, and as Needed |
| 14 | Property Mgmt | Truck Yard Fenceline and Landscape at Gandy Center |
| 15 | Property Mgmt | Re-wire Purchasing Electrical Panel |
| 16 | Lakeland SS | Partial Remodel: <br> Replace AC Rooftop Units: \$100,000 Replace Roof: \$180,000 <br> Reconfigure Check-out Counters: $\$ 80,000$ Job Connection Presence: $\$ 36,000$ <br> Job Connection Signage: \$7,600 <br> Replace Dressing Rooms: If funds available $(\$ 30,000)$ Mission Signage: If funds available $(\$ 5,90 C$ |
| 17 | BookWorks | Replace Flooring Carryover |
| 18 | Digital Literacy | Additional Skills for Pepper |
| 19 | Property Mgmt | Gandy Center: <br> Awning over Client Ramp Door: \$2,000 <br> Client Break Area Landscape Leveling/Drainage: \$1,000 |
| 20 | Property Mgmt | Gandy: Lobby Restroom Remodel |
| 21 | Property Mgmt | Floor Scrubber / Tri-Us 592-0009 |
| 22 | Property Mgmt | Building A: Work Tables, Shelves, Benches, and Tools |
| 23 | Property Mgmt | Warehouse Restroom Remodel |
| 24 | IT/Finance | Robotic Process Automation Pilot with A/P |
| 25 | Job Connections/ Career Navigation | Gandy Center: <br> Replace Carpeting Using Blue Carpet Tiles (3 Offices) |
| 26 | Transportation | 253 Semi Trailers |
| 27 | Cypress Creek SS | Reface Building Sign and Retrofit to LED |
| 28 | Spring Hills SS | Reface Building Signs (4) |
| 29 | HR/IT | Replace HR Forms on GIS.net |
| 30 | Transportation | Graphic Wraps for Trailers/Trucks (6) |
| 31 | Workforce/Mission Services | Clearwater Center: Finish Fourth Quad Space: Cubicles for Two Staff, Phone, and IT drops |


| 32 | Marketing | GIS Website Redevelopment |
| :---: | :---: | :---: |
| 33 | CEI | Dewalt Two-Way Radios (24) for Tampa/St. Pete SEARCH Sites |
| 34 | Job Connections/ Career Navigation | Oversized Chair for Virtual Job Connection in Hillsborough (hospital grade material) |
| 35 | Plant City Store | Remodel: <br> Interior and Exterior Work/Shopping Carts/Fixtures |
| 36 | IT | RFID Donated Goods Inventory System Development |
| 37 | Gandy Store | Resurface Breakroom Floor |
| 38 | Retail/Marketing | Loyalty Program Signage (\$1,000 per store) |
| 39 | Trinity Store | Reface Building Sign |
| 40 | Cypress Creek SS | Dock: Reconfiguration to Level Off Trailer |
| 41 | Largo Store | Reface Goodwill Sign and Logo Retrofit to LED |
| 42 | Crystal River Store | Add Fourth Register (Customer Service Counter) |
| 43 | Oldsmar SS | Truck Yard Gate |
| 44 | Winter Haven Store | New Awning in Front of Store |
| 45 | All Retail | New POS System Carryover: Pin Pads, Donation Kiosks, etc. |
| 46 | All Retail | Collapsible Container/Dollie: Finish Rollout |
| 47 | All Retail | Convert Two Stores to In-Line/Self-Checkout: <br> Hardware/Fixturing/Floor work |
| 48 | Hillsborough Store | Sitework Donation Area |
| 49 | Transportation | 4 Tractors Carryover |
| 50 | Supplemental Store <br> Processing | Adding SSP Location: Hardware, IT Work and Fixturing |
| 51 | Property Mgmt | Warehouse Roof Recover |
| 52 | Property Mgmt | Gandy: Lobby Renovation |
| 53 | Corrections TBCCC | Renovations: <br> Replace Control Room Work Counters/Cabinets: \$10,000 <br> VCT Flooring Removed (17 units): \$58,000 |
| 54 | IT | Identity Management system |
| 55 | Ruskin Store | Canopy/Awning over Donation Area |
| 56 | As Identified | Electronic Messaging Board System at multiple locations (controlled centrally by HR) |
|  |  |  |

jy Month
:h Plan

ECTED

| TRIES-SUNCOAST, INC. |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| AL BUDGET |  |  |  |  |  |  |  |
| YEAR 2022-23 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Sep-22 | Oct-22 | M | Apr-23 | May-23 | Jun-23 | Total |
|  |  |  |  |  |  |  |  |
| 48 | 4,837,377 | 5,838,687 | 5,33,1,36 | 5,053,545 | 5,088,833 | 4,948,103 | 60,573 |
| 81 | 156,760 | 410,065 | 224,006 | 222,511 | 222,511 | 222,511 | 2,68 |
| 29 | 4,994,137 | 6,248,752 | 5.55, 142 | 5,276,056 | 5,311,344 | 5,170,614 | 63,261 |
|  |  |  |  |  |  |  |  |
| 53 | 372,902 | 357,902 | 363,753 | 357,902 | 363,753 | 363,753 | 4,33! |
| 38 | 15,938 | 15,938 | 15,938 | 15,938 | 15,938 | 15,938 | 19 : |
| 37 | 12,937 | 12,937 | 12,937 | 12,937 | 12,937 | 12,937 | 15! |
| 00 | 6,600 | - | 39,900 | 5,500 | 16,800 | - | 22: |
| 34 | 101,134 | 101,134 | 101,134 | 101,134 | 101,134 | 101,134 | 1,21: |
| 00 | 42,600 | 45,800 | 39,300 | 40,700 | 35,700 | 45,100 | 52 |


| 171 | 55,971 | 56,120 | 55,128 | 55,128 | 55,128 | 55,128 | $66!$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| i3 | 608,082 | 589,831 | 628,090 | 589,239 | 601,390 | 593,990 | 7,31: |
|  |  |  |  |  |  |  |  |
| 95 | 136,245 | 64,825 | 132,295 | 54,995 | 188,758 | 126,245 | 1,261 |
|  |  |  |  |  |  |  |  |
| 45 | 11,000 | 9,576 | 12,876 | 10,503 | 10,245 | 10,503 | $13!$ |
|  |  | 6,912,984 | $\frac{\square}{6,32,403}$ |  |  |  |  |
| 02 | 5,749,464 |  |  | 5,930,793 | 6,111,737 | 5,901,352 | 71,973 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 69 | 2,821,701 | 3,175,519 | 2,88,771 | 2,848,904 | 2,992,244 | 2,897,814 | 35,018 |
| 06 | 452,378 | 464,135 | 486,189 | 458,082 | 487,851 | 477,646 | 5,60 |
| 89 | 81,622 | 82,634 | 86,026 | 81,715 | 86,096 | 84,659 | 1,00: |
| 57 | 202,132 | 198,660 | 216,116 | 202,926 | 216,229 | 211,890 | 2,48: |
| 16 | 47,932 | 48,536 | 49,899 | 48,001 | 49,909 | 49,276 | $58!$ |
| 57 | 127,600 | 125,897 | 135,552 | 121,841 | 136,072 | 131,570 | 1,55 |
| '94 | 3,733,365 | 4,095,381 | 3,96,553 | 3,761,469 | 3,968,401 | 3,852,855 | 46,254 |
|  |  |  |  |  |  |  |  |
| 17 | 293,159 | 293,589 | 305,895 | 281,648 | 301,156 | 293,042 | 3,53! |
| 21 | 19,823 | 18,925 | 20,740 | 18,055 | 20,755 | 19,855 | 22 |
| 61 | 12,205 | 11,775 | 12,726 | 11,315 | 12,726 | 12,255 | 14. |
| 60 | 30,282 | 29,928 | 31,905 | 28,331 | 31,935 | 30,744 | 36: |
| 98 | 89,354 | 86,118 | 93,449 | 82,802 | 93,449 | 89,900 | 1,061 |
| 31) | $(72,480)$ | $(87,269)$ | (84,015) | $(88,071)$ | $(84,315)$ | $(85,567)$ | (976) |
| 42 | 101,284 | 89,895 | 94,778 | 102,068 | 95,140 | 91,468 | 1,10 |
| 76 | 50,899 | 50,717 | 52,068 | 50,388 | 52,441 | 51,870 | 64: |
| 44 | 524,526 | 493,678 | 527,546 | 486,536 | 523,287 | 503,567 | 6,11: |
|  |  |  |  |  |  |  |  |
| 57 | 44,720 | 65,171 | 50,413 | 42,984 | 94,928 | 45,952 | 71 |
|  | Sep-22 | Oct-22 | M | Apr-23 | May-23 | Jun-23 | Total |
|  |  |  |  |  |  |  |  |
| 48 | 109,656 | 106,730 | 116,048 | 104,138 | 116,048 | 112,467 |  |
| 77 | 94,627 | 93,466 | 99,711 | 90,653 | 99,956 | 96,948 |  |
| 29 | 58,053 | 53,301 | 54,462 | 48,951 | 54,462 | 52,625 |  |
| 74 | 103,182 | 119,594 | 107,838 | 92,145 | 101,565 | 568,312 |  |
| 66 | 138,887 | 135,320 | 143,950 | 132,287 | 146,875 | 141,554 |  |
| 12 | 23,167 | 22,712 | 24,624 | 21,928 | 24,624 | 23,725 |  |
| 63 | 30,228 | 30,780 | 33,264 | 29,661 | 33,264 | 32,063 |  |
| $\underline{29}$ | 141,696 | 139,026 | 148,619 | 135,733 | 148,892 | 144,849 |  |
| 13 | 25,325 | 15,613 | 25,831 | 15,925 | 15,925 | 25,831 |  |
| 11 | 724,821 | 716,542 | 754,347 | 671,421 | 741,611 | 1,198,374 |  |
|  |  |  |  |  |  |  |  |
| 06 | 5,027,432 | 5,370,772 | 5,293,599 | 4,962,410 | 5,328,227 | 5,600,748 | 6 |

STRIES - SUNCOAST, INC.
'Capital Cash Budget

| 3-22 | Sep-22 | 0 | Fe | Mar-23 | Apr-23 | May-23 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 5,096,247 | 5,175,993 | 6,247,955 | 5,111,235 | 5,704,316 | 5,407,293 | 5,445,051 |
| 527,783 | 532,162 | 517,962 | 499,462 | 501,062 | 512,308 | 533,662 |
| 151,681 | 156,760 | 410,065 | 334,494 | 224,006 | 222,511 | 222,511 |
| 45,083 | 42,640 | 44,600 | 55,300 | 40,600 | 41,200 | 39,300 |
| 10,466 | 10,466 | 10,466 | 10,466 | 10,466 | 10,466 | 10,466 |
| 15,328 | 15,328 | 15,328 | 15,328 | 15,328 | 15,328 | 15,328 |
| 92,883 | 101,089 | 98,262 | 100,196 | 91,959 | 104,630 | 92,165 |
| 46,245 | 117,495 | 56,075 | 46,245 | 123,545 | 46,245 | 170,008 |
| 21,604 | 19,815 | 20,122 | 18,130 | 19,625 | 18,130 | 18,130 |
| 6,007,320 | 6,171,748 | 7,42,265 | 6,190,856 | 6,730,907 | 6,378,111 | 6,546,621 |
| 805,690 | 891,546 | 1,196,708 | 829,510 | 861,321 | 876,549 | 839,777 |
| 3,002,902 | 2,896,550 | 2,926,93 | 2,834,829 | 3,198,180 | 2,846,829 | 3,194,292 |
| 169,510 | 169,510 | 169,510 | 169,510 | 169,510 | 169,510 | 169,510 |
| 309,225 | 313,275 | 306,125 | 292,825 | 301,775 | 302,625 | 312,375 |
| 370,815 | 365,288 | 371,178 | 361,228 | 374,871 | 369,495 | 373,567 |
| 151,063 | 229,186 | 32,266 | 88,000 | 370,000 | 1,107,282 | 88,000 |
| 350,356 | 333,399 | 338,616 | 344,793 | 334,380 | 373,180 | 353,748 |
| - | 445,000 |  |  | - | - | - |
| - | - |  |  | - | - | - |
| 430,415 | 191,519 | 986,852 | 165,321 | 175,321 | 132,654 | 132,654 |
| 144,344 | 169,487 | 169,754 | 149,797 | 135,489 | 169,025 | 128,652 |
| 5,734,319 | 6,004,760 | ${ }^{\text {6.948,002 }}$ | 5,235,812 | 5,920,847 | 6,347,148 | 5,592,575 |
|  |  | 922,263 |  |  |  |  |
| 273,001 | 166,989 |  |  | 810,060 | 30,963 | 954,046 |
| 39,004,977 | 39,277,978 | 39,4as97 | 40,849,008 | 41,804,652 | 42,614,712 | 42,645,675 |
| 39,277,978 | 39,444,967 | ${ }^{40,367229}$ | 41,804,552 | 42,614,712 | 42,645,675 | 43,599,721 |
| 47,415 | 47,415 | 47,415 | 47,415 | 47,415 | 47,415 | 47,415 |
| 39,230,563 | 39,397,552 | 00,319,914 | 41,757,237 | 42,567,297 | 42,598,260 | 43,552,306 |


|  | FYE 2023-24 | FYE 2024- |
| :---: | :---: | :---: |
|  | PROJECTED | PROJEC |
|  | 64,684,137 | 68,901,240 |
|  | 2,768,000 | 2,852,000 |
|  | 67,452,137 | 71,753,240 |
|  | 4,340,000 | 3,978,000 |
| 1,256 | 195,000 | 195,000 |
| 5,644 | 156,000 | 156,000 |
| 3,100 | 223,000 | 223,000 |
|  | 1,250,000 | 1,288,000 |
| 1,040 | 542,000 | 564,000 |
| 9,234 | 569,000 | 580,000 |
|  | 7,275,000 | 6,984,000 |
|  | 1,285,000 | 1,311,000 |
| 9,206 | 142,000 | 145,000 |
|  | 76,154,137 | 80,193,240 |
|  | 37,470,000 | 39,718,000 |
|  | 6,000,000 | 6,360,000 |
|  | 1,071,000 | 1,135,000 |
|  | 2,663,000 | 2,822,000 |
| 5,032 | 626,000 | 664,000 |
|  | 1,601,000 | 1,649,000 |
|  | 49,431,000 | 52,348,000 |
|  | 3,536,000 | 3,291,000 |
| 8,251 | 229,000 | 229,000 |
| 5,357 | 150,000 | 156,000 |
| 3,821 | 375,000 | 390,000 |
|  | 1,098,000 | 1,142,000 |
| ;,709) | $(1,006,000)$ | $(1,046,000)$ |
|  | 1,141,000 | 1,186,000 |
| 2,169 | 577,000 | 600,000 |
|  | 6,100,000 | 5,948,000 |
|  |  |  |


| 2,814 | 734,000 | 764,000 |
| :---: | :---: | :---: |
| 22-23 | FYE 2023-24 | FYE 2024- |
| 「ED | PROJECTED | PROJEC |
| 2,533 | 1,558,000 | 1,620,000 |
| 3,872 | 1,209,000 | 1,257,000 |
| 0,104 | 659,000 | 686,000 |
| 0,108 | 1,741,000 | 1,810,000 |
| 5,334 | 1,746,000 | 1,816,000 |
| 2,320 | 301,000 | 313,000 |
| 5,549 | 387,000 | 402,000 |
| 0,271 | 1,803,000 | 1,875,000 |
| 0,464 | 237,000 | 247,000 |
| 0,555 | 9,641,000 | 10,026,000 |
|  |  |  |
| 0,645 | 65,906,000 | 69,086,000 |
|  |  |  |
| 3,289 | 10,248,137 | 11,107,240 |

itore Sales Excluding Salvage and Titled Goods

| 2016 | FYE 2017 | FYE 2018 | FYE 2024 | FYE 2025 | FYE 2026 | FYE 2027 | FYE 2028 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Store | Sebring | 34th St \& Crosstown Store | N.Dale Mabry | S.Dale Mabry | Pinellas Co. | Pinellas Co./Tyrone | University / Carrollwood |
| 8,402 | \$2,523,654 | \$2,388,239 | \$2,037,636 | \$2,088,577 | \$2,140,791 | \$2,194,311 | \$2,238,197 |
| 7,292 | \$4,690,562 | \$4,592,563 | \$3,886,291 | \$3,983,448 | \$4,083,034 | \$4,185,110 | \$4,289,738 |
| 2,747 | \$4,028,013 | \$4,034,755 | \$3,979,397 | \$4,078,882 | \$4,180,854 | \$4,285,376 | \$4,392,510 |
| 9,537 | \$3,828,017 | \$3,896,270 | \$3,994,334 | \$4,094,192 | \$4,196,547 | \$4,301,461 | \$4,408,997 |
| 0,937 | \$3,243,763 | \$3,343,259 | \$3,170,736 | \$3,250,004 | \$3,331,255 | \$3,414,536 | \$3,499,899 |
| 5,554 | \$3,875,267 | \$3,884,134 | \$3,956,593 | \$4,055,508 | \$4,156,896 | \$4,260,818 | \$4,367,339 |
| 8,238 | \$2,937,773 | \$2,698,139 | \$3,948,318 | \$4,047,026 | \$4,148,202 | \$4,251,907 | \$4,358,205 |
| 3,536 | \$2,556,586 | \$2,312,710 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 8,827 | \$2,920,779 | \$2,920,305 | \$3,916,456 | \$4,014,368 | \$4,114,727 | \$4,217,595 | \$4,323,035 |
| 9,051 | \$2,882,520 | \$2,745,140 | \$3,555,594 | \$3,644,484 | \$3,735,596 | \$3,828,986 | \$3,924,710 |
| 1,631 | \$1,380,422 | \$1,384,933 | \$1,786,986 | \$1,831,661 | \$1,877,452 | \$1,924,388 | \$1,972,498 |
| 5,606 | \$1,000,393 | \$962,785 | \$1,277,039 | \$1,308,965 | \$1,341,689 | \$1,375,232 | \$1,409,612 |
| 0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 0,330 | \$1,058,865 | \$1,063,058 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 2,122 | \$1,171,220 | \$1,251,129 | \$1,255,039 | \$1,286,415 | \$1,318,575 | \$1,351,539 | \$1,385,328 |
| ;,958 | \$371,738 | \$658,090 | \$1,004,581 | \$1,029,695 | \$1,055,438 | \$1,081,824 | \$1,108,869 |
| 9,930 | \$3,129,345 | \$3,355,862 | \$4,387,264 | \$4,496,946 | \$4,609,370 | \$4,724,604 | \$4,842,719 |
| 4,782 | \$3,253,946 | \$3,209,845 | \$3,404,513 | \$3,489,626 | \$3,576,866 | \$3,666,288 | \$3,757,945 |
| ;,770 | \$1,559,521 | \$1,761,327 | \$2,295,449 | \$2,352,835 | \$2,411,656 | \$2,471,947 | \$2,533,746 |
|  | \$1,989,453 | \$2,045,313 | \$2,262,943 | \$2,319,516 | \$2,377,504 | \$2,436,942 | \$2,497,865 |
|  |  | \$1,467,769 | \$4,625,533 | \$4,741,171 | \$4,859,700 | \$4,981,193 | \$5,105,723 |
|  |  | \$437,192 | \$2,320,504 | \$2,378,516 | \$2,437,979 | \$2,498,929 | \$2,561,402 |
|  |  |  | \$3,290,732 | \$3,373,000 | \$3,457,325 | \$3,543,758 | \$3,632,352 |
|  |  |  | \$1,728,199 | \$1,771,404 | \$1,815,689 | \$1,861,082 | \$1,907,609 |
|  |  |  | \$0 | \$0 | \$0 | \$0 | \$0 |
|  |  |  | \$0 | \$0 | \$0 | \$0 | \$0 |
|  |  |  | \$2,600,000 | \$2,665,000 | \$2,731,625 | \$2,799,916 | \$2,869,914 |
|  |  |  |  | \$2,600,000 | \$2,665,000 | \$2,731,625 | \$2,799,916 |
|  |  |  |  |  | \$2,600,000 | \$2,665,000 | \$2,731,625 |
|  |  |  |  |  |  | \$2,600,000 | \$2,665,000 |
|  |  |  |  |  |  |  | \$2,800,000 |
|  |  |  |  |  |  |  | \$2,850,000 |
| +1,250 | \$48,401,837 | \$50,412,817 | \$64,684,137 | \$68,901,240 | \$73,223,771 | \$77,654,365 | \$85,234,753 |
| 0 | \$0 | \$0 | tbd | tbd | tbd | tbd | tbd |
| .7\% | 104.2\% | 104.2\% | 106.8\% | 106.5\% | 106.3\% | 106.1\% | 109.8\% |
| . $9 \%$ | 97.5\% | 100.1\% | tbd | tbd | tbd | tbd | tbd |



|  | New or <br> Replacement | Date Needed |
| :--- | :---: | :---: |
|  | $\mathrm{N} / \mathrm{R}$ | July-June |
|  | $\mathrm{N} / \mathrm{R}$ | July-June |
|  | $\mathrm{N} / \mathrm{R}$ | July-June |
| eland SS, | $\mathrm{N} / \mathrm{R}$ | July-June |
| July-June |  |  |
| Ind Trinity | $\mathrm{N} / \mathrm{R}$ | July-June |
| Ig | R | July-June |
|  | R | July-June |



|  | R | July |
| :---: | :---: | :---: |
|  | N | July |
|  | N | July |
|  | R | August |
|  | N | August |
|  | R | August |
|  | N | August |
|  | R | August |
|  | N | August |
|  | R | August |
|  | N | September |
|  | N | September |
|  | R | September |
|  | N | October |
|  | N | October |
|  | R | October |
|  | R | October |
|  | R | October-November |
|  | N | December |
|  | R | December-June |
|  | N | December-June |
|  | R | January-March |
|  | N | January |
|  | N | February |
|  | N | March |
|  |  |  |


|  |
| :--- | :--- |
|  |
|  |
|  |
|  |
| , 776 |
| 7,849 |
| 1,625 |
| 9,078 |
| 1,256 |
| 5,644 |
| 3,100 |
| 3,608 |
| 1,040 |


| 9,234 |
| :---: |
| 2,960 |
| 0,143 |
| 9,206 |
| 3,934 |
| 3,693 |
| 7,481 |
| 1,122 |
| 8,444 |
| 5,032 |
| 4,076 |
| 1,848 |
| 5,957 |
| 8,251 |
| 5,357 |
| 3,821 |
| 6,004 |
| ,709) |
| 7,578 |
| 2,169 |
| 2,428 |
| 2,814 |
| I |
| 1,512,533 |
| 1,173,872 |
| 640,104 |
| 1,690,108 |
| 1,695,334 |
| 292,320 |
| 375,549 |
| 1,750,271 |
| 230,464 |
| 9,360,555 |
| ;2,440,645 |

Jun-23

5,294,470

493,411

222,511
40,700
10,466
15,328
105,073
117,495
18,130
6,317,584

813,592
3,530,417
169,510
310,225
368,232
310,000
356,218

132,654
152,144
6,142,992
174,592
43,599,721
43,774,313
47,415
$43,726,898$

## GOODWILL INDUSTRIES-SUNCOAST, INC. <br> BOARD OF DIRECTORS <br> DIRECTORY FOR 2021-2022

Sept 2021

| Name | Contact Info | Terms | Committees |
| :---: | :---: | :---: | :---: |
| ATTINELLA, MIKE <br> Retired - Chief Financial Officer 3618 Executive Drive Palm Harbor FL 34685 | 727-641-6327 (M) mattinella@gmail.com | $1^{\text {st }}$ Term <br> Expires 9/30/22 <br> Elected 9/19 | Audit <br> Ad Hoc Strategic Planning |
| BELL, LEE <br> President Saltmarsh, Cleaveland \& Gund One Tampa City Center 201 N. Franklin St, Suite 1625 Tampa, FL 33602 | $\begin{aligned} & \text { 813-287-1111 x } 1301 \\ & 813-751-5077 \text { cell } \\ & \text { Fax: 813-207-0201 } \\ & \text { lee.bell@saltmarshcpa.com } \end{aligned}$ | 1st Term <br> Expires 9/30/24 <br> Elected 9/21 <br> ( $3^{\text {rd }}$ Tenure) | Audit |
| BIVENS, STEVEN <br> Regional Sales Director Cavotec - Airport Market Unit 2223 West Vina Del Mar Blvd St Petersburg Beach, FL 33706 | 727-216-5995 cell (P) stevenebivens@gmail.com | 2nd Term <br> Expires 9/30/22 <br> Elected 9/16 | Services, Finance, Fund \& Business <br> Development <br> Ad Hoc Strategic Planning <br> JobWorks Board |
| BURKES, SHAUNA <br> V.P. - Litigation; Labor \& Employment Qurate Retail Group - HSN 1 HSN Drive St. Petersburg, FL 33729 | 727-686-3368 (cell) shauna.burkes@hsn.net | 1st Term <br> Expires 9/30/23 <br> Elected 9/20 | Audit <br> Services, Finance, Fund \& Business Dev |
| CERESOLI, HEATHER <br> Principal \& COO <br> Taylor White 5426 Bay Center Dr., Suite 110 Tampa, FL 33609 | $\begin{aligned} & \text { 813-746-3946 } \\ & 813-748-4649 \text { cell } \\ & \text { heatherc@taylorwhite.com } \end{aligned}$ | $1^{\text {st }}$ Term <br> Expires 9/30/23 <br> Elected 9/20 <br> ( $3^{\text {rd }}$ tenure) | Executive <br> Board Dev \& Governance Ad Hoc Strategic Planning SFFBD <br> G-I-S Housing Boards JobWorks Board |
| DOBKOWSKI, ROBERT D. <br> Owner <br> Mr. \& Mrs. Blindmaster <br> 5335 SE 103rd St. <br> Belleview, FL 34420 | $352-245-3100$ <br> Mr.blindmaster@yahoo.com | $1^{\text {st }}$ Term <br> Expires 9/30/24 <br> Elected 9/21 <br> ( ${ }^{\text {rd }}$ tenure) | GIS Housing Boards SFFBD |
| ELAM, CHRISTINA, CFP ${ }^{\circledR}$ <br> Wealth and Portfolio Specialist Steward Partners Global Advisory 600 Cleveland St, Ste. 1150 Clearwater, FL 33755 | $\begin{aligned} & \hline 727-351-5344 \\ & 727-742-8054 \text { cell (P) } \end{aligned}$ <br> christina.elam@stewardpartners.com | 2nd Term <br> Expires 9/30/22 <br> Elected 9/16 | SFFBD <br> Board Dev \& Governance (Co-Chair) G-I-S Housing Boards |
| ERICKSON, STEVEN M. <br> Senior Vice President - CRO Corporate Divisions <br> Enterprise Risk Management <br> Raymond James Financial, Inc. <br> 880 Carillon Parkway <br> St. Petersburg, FL 33716 | $\begin{aligned} & 813-846-7175 \text { cell } \\ & 727-567-3126 \end{aligned}$ <br> Steven.Erickson@RaymondJames.com | 2nd Term <br> Expires 9/30/24 <br> Elected 9/18 <br> (2 $2^{\text {nd }}$ tenure) | Audit (Co-Chair) <br> JobWorks <br> Ad Hoc Strategic Planning |
| HEBBLER, MARIE CARSON <br> CEO <br> Risk Matrix Solutions <br> PO Box 21271 <br> St. Petersburg, FL 33742 | Home: 727-577-3237 <br> Cell: 727-744-9713 (P) <br> marie.hebbler@riskmatrixsolutions.com | $1^{\text {st }}$ Term <br> Expires 9/30/22 <br> Elected 9/19 <br> (3rd tenure) | SFFBD (Chair) <br> Board Dev \& Governance <br> GIS Housing Boards <br> JobWorks Board (Chair) <br> Ad Hoc Strategic Planning |


| LOPEZ, LOUISE, R <br> Chief Financial Officer Focal Point Data Risk a CDW Company 201 E. Kennedy Suite 1750 Tampa, Florida 33602 | 727-709-2226 (cell) llopez@focal-point.com | $1^{\text {ST }}$ Term <br> Expires 9/30/23 <br> Elected 9/20 <br> ( $3^{\mathrm{RD}}$ tenure) | Audit (Chair) <br> Executive (Sr. Vice Chair) <br> Board Development \& Governance <br> Ad Hoc Strategic Planning <br> GIS Housing Boards (Sec/Treas) |
| :---: | :---: | :---: | :---: |
| MACRONE, DOMINIC <br> Director of Human Resources for Cedar Fair Entertainment Company 14523 Carowinds Blvd Charlotte, NC 28273 | 813-955-9116 (cell) dommacrone@yahoo.com | $2^{\text {nd }}$ Term <br> Expires 9/30/22 <br> Elected 9/15 | Executive (Secretary) <br> Board Development \& Governance (Chair) <br> Ad Hoc Strategic Planning (Chair) |
| MARTINEZ, TONY <br> VP, Cyber Security Solutions, CTO MGT Consulting 4320 W Kennedy Blvd Suite 200 Tampa, FL. 33609 | 813-454-8386 <br> tmartinezdunn@gmail.com | $1^{\text {st }}$ Term <br> Expires 9/30/22 <br> Elected 9/19 | Audit |
| MORA, MELISSA, Esq. <br> Division Chief Legal Officer Advent Health 14055 Riveredge Drive, Suite 250 Tampa, FL 33637 | $\begin{aligned} & \hline 813-803-4007 \\ & 813-334-1183 \text { cell (P) } \\ & \underline{\text { melissa.mora@ahss.org }} \end{aligned}$ | 2nd Term <br> Expires 9/30/22 <br> Elected 9/16 | Audit <br> Board Dev. \& Governance JobWorks (Secretary) |
| PEREZ, KIMBERLY <br> Chief Accounting Officer Welbilt (Mail to: 3314 Sierra Circle Tampa, FL 33629) | 813-505-0892 (cell) perezjost@gmail.com kimberly.perez@welbilt.com | 1st Term <br> Expires 9/30/23 <br> Elected 9/20 | Audit SFFBD |
| PICHOWSKI, MARK D. <br> Surety Specialist Marsh \& McLennan Agency -Bouchard Division <br> N. Dale Mabry Hwy, Suite 450 <br> Tampa, FL 33609 | $\begin{aligned} & \text { 727-373-2710 } \\ & \text { Fax 727-449-1267 } \\ & \underline{\text { mark.pichowski@MarshMMA.co }} \\ & \underline{\mathrm{m}} \end{aligned}$ | $1^{\text {st }}$ Term <br> Expires 9/30/24 <br> Elected 9/21 <br> ( $3^{\text {rd }}$ tenure) | Board Development \& Governance SFFBD <br> GIS Housing Boards, Inc. |
| RADER, ED <br> Retired Retail Executive 204 SE 43rd Ave. <br> Ocala, FL 34471 | $\begin{aligned} & \text { 352-694-1670 } \\ & \text { WIN561@aol.com } \end{aligned}$ | $2^{\text {nd }}$ Term <br> Expires 9/30/22 <br> Elected 9/17 <br> ( ${ }^{\text {rd }}$ tenure) | Executive GIS Housing (Chair) JobWorks |
| WABBERSEN, BOB <br> Business Development Director Publix - GreenWise Market PO Box 407 <br> Lakeland, FL 33802-0407 | $863-688-1188 \times 58362$ <br> Cell: 813-244-3831 (P) <br> Fax 863-413-5753 <br> Bob.Wabbersen@publix.com | $1^{\text {st }}$ Term <br> Expires 9/30/24 <br> Elected 9/21 <br> ( $3^{\text {rd }}$ tenure) | Executive <br> SFFBD (Co-Chair) <br> GIS Housing Boards JobWorks |
| YOUNG, SANDRA <br> Consumer Bank Executive <br> Region's Bank <br> 100 N. Regions <br> Tampa, FL 33602 | 813-226-1150 (P) <br> Assistant: 813-226-1152 <br> Cell: 404-922-1933 <br> Sandra.R.Young@regions.com | $2^{\text {nd }}$ Term <br> Expires 9/30/21 <br> Elected 9/15 | Executive (Chair) <br> All Committees - Ex officio |
| PASSERINI, DEBORAH <br> President \& CEO <br> Goodwill Industries-Suncoast 10596 Gandy Blvd. <br> St. Petersburg, FL 33743 | 813-918-7994 (cell) <br> 727-523-1512 (office) <br> Debbie.Passerini@goodwill- <br> suncoast.com | Ex-Officio | All Committees - Ex officio JobWorks Board, President GIS Housing Boards, Executive VP |

## ADVISORY/AFFILIATED BOARD <br> MEMBER

PHILIPSON, CAROLE F
Director of Business Development
The Lunz Group
(Mail to: 2370 Brandon Rd
Lakeland, FL 33803)

863-670-7574 cell (P)
philipsoncf@yahoo.com

## EXTENDED TO MAY 17, 2021

- Do not enter social security numbers on this form as it may be made public.



## 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.


TRACEY BOUCHER, TREASURER
Type or print name and title

1 Briefly describe the organization's mission:
SEE SCHEDULE O

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?


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? 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.
 DONATED GOODS PROGRAM - OUR DONATED GOODS/RETAIL OPERATION PROVIDES JOB ~ TRAINING OPPORTUNITIES AND EMPLOYMENT IN RETAILING, PRODUCTION, WAREHOUSING AND TRANSPORTATION. GOODWILL ALSO PROMOTES A GREENER COMMUNITY BY REPURPOSING ITEMS THAT MAY OTHERWISE BE RELEGATED TO LANDFILLS. TOTAL CLIENTS/EMPLOYEES SERVED WERE 4,540.



HUMAN SERVICES PROGRAM - GOODWILL-SUNCOAST HELPS PEOPLE SECURE
TRAINING, FIND JOBS, BECOME MORE INDEPENDENT, AND SUPPORT THEIR
FAMILIES THROUGH A VARIETY OF HUMAN SERVICES PROGRAMS INCLUDING SUPPORTED EMPLOYMENT, LIFE SKILLS DEVELOPMENT, JOB CONNECTION SERVICES, EMPLOYMENT INTERNSHIPS, AND FINANCIAL LITERACY EDUCATION FOR YOUTH.
THESE PROGRAMS ASSIST INDIVIDUALS WITH DISABILITIES AS WELL AS THOSE
WHO FACE OTHER DISADVANTAGES SUCH AS OF TRAINING OR EDUCATION. TOTAL
CLIENTS SERVED 86,987.

## HERE IS A STORY OF ONE OF OUR MANY CLIENTS: (CONTINUED ON SCHEDULE O)

1,035.


1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes, " complete Schedule A
2 Is the organization required to complete Schedule B, Schedule of Contributors?
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
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
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes, " complete Schedule C, Part III
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
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......
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete Schedule D, Part III
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes, " complete Schedule D, Part V
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.
a Did the organization report an amount for land, buildings, and equipment in Part X , line 10? If "Yes, " complete Schedule D, Part VI
b Did the organization report an amount for investments - other securities in Part $X$, line 12, that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII
c Did the organization report an amount for investments - program related in Part $X$, line 13 , that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VIII
d Did the organization report an amount for other assets in Part X, line 15, that is $5 \%$ or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
e Did the organization report an amount for other liabilities in Part $X$, line 25? If "Yes, " complete Schedule D, Part $X$
$f$ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete Schedule D, Parts XI and XII
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes, " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E
14a Did the organization maintain an office, employees, or agents outside of the United States?
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
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
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
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
18 Did the organization report more than $\$ 15,000$ total of fundraising event gross income and contributions on Part VIII, lines 1c and 8 a ? If "Yes, " complete Schedule G, Part II
19 Did the organization report more than $\$ 15,000$ of gross income from gaming activities on Part VIII, line $9 a$ ? If "Yes, " complete Schedule G, Part III
20a Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
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
932003 01-20-20

|  | Yes | No |
| :---: | :---: | :---: |
| 1 | X |  |
| 2 | X |  |
| 3 |  | X |
| 4 |  | X |
| 5 |  | X |
| 6 |  | X |
| 7 |  | X |
| 8 |  | X |
| 9 |  | X |
| 10 |  | X |
| 11a | X |  |
| 11b |  | X |
| 11c |  | X |
| 11d |  | X |
| 11e | X |  |
| 11 f | X |  |
| 12a | X |  |
| 12b |  | X |
| 13 |  | X |
| 14a |  | X |
| 14b |  | X |
| 15 |  | X |
| 16 |  | X |
| 17 |  | X |
| 18 | X |  |
| 19 |  | X |
| 20a |  | X |
| 20b |  |  |
| 21 |  | X |


\section*{| Part IV | Checklist of Required Schedules (continued) |
| :--- | :--- |}

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
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
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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
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
$\mathbf{b}$ 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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35\% controlled entity or family member of any of these persons? If "Yes, " complete Schedule L, Part II
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35\% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, " complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes, " complete Schedule L, Part IV
c A 35\% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If
"Yes, " complete Schedule L, Part IV
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? If "Yes, " complete Schedule $M$
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes, " complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than $25 \%$ of its net assets? If "Yes, " complete Schedule N, Part II
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
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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35 a, 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
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
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O

|  | Yes | No |
| :---: | :---: | :---: |
| 22 |  | X |
| 23 | X |  |
| 24a |  | X |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 25a |  | X |
| 25b |  | X |
| 26 |  | X |
| 27 |  | X |
| 28a | X |  |
| 28b |  | X |
| 28c |  | X |
| 29 | X |  |
| 30 |  | X |
| 31 |  | X |
| 32 |  | X |
| 33 |  | X |
| 34 | X |  |
| 35a |  | X |
| 35b |  |  |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

| 1 a | 46 |
| :---: | ---: |
| 1 b | 0 |

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

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
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions)
3a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year?
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3 b, provide an explanation on Schedule O
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
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?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes" to line 5 a or 5b, did the organization file Form 8886-T?
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?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $\$ 75$ made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966 ?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state?
Note: See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $O$
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? If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.

## Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year 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.
b Enter the number of voting members included on line 1a, above, who are independent

| $\mathbf{1 a}$ |  |
| :---: | :---: |
|  |  |
| $\mathbf{1 b}$ | 19 |

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
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?
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body?
b Each committee with authority to act on behalf of the governing body?
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule $O$


## Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?
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?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
12a Did the organization have a written conflict of interest policy? If "No, " go to line 13
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
13 Did the organization have a written whistleblower policy?
14 Did the organization have a written document retention and destruction policy?
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
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?

|  | Yes | No |
| :---: | :---: | :---: |
| $10 a$ |  | $X$ |
| $10 b$ |  |  |
| $11 a$ | $X$ |  |
| $12 a$ | $X$ |  |
| $12 b$ | $X$ |  |
|  |  |  |
| $12 c$ | $X$ |  |
| 13 | $X$ |  |
| 14 | $X$ |  |
|  |  |  |
| $15 a$ | $X$ |  |
| $15 b$ | $X$ |  |
|  |  |  |
| $16 a$ |  | $X$ |
|  |  |  |
| $16 b$ |  |  |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 ( 1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.Own website X Another's website
X Upon request

Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records TRACEY BOUCHER - 727-523-1512 P.O. BOX 14456, ST PETERSBURG, FL 33733-4456

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter - 0 - in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.
$\square$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.


| Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |
| :--- | :--- | :--- | :--- | :--- | :--- |

(A)
Name and title

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes, " complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $\$ 150,000$ ? If "Yes, " complete Schedule $J$ for such individual
5 Did any person listed on line ta receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person


## Section B. Independent Contractors

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

|  | (A) (B) <br> Name and business address | (B) <br> Description of services |
| :--- | :--- | :--- |
|  |  | (Compensation |
|  |  |  |
|  |  |  |
| 2 |  |  |


| Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |
| :--- | :--- | :--- |




Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | $\begin{gathered} \text { (A) } \\ \text { Total expenses } \end{gathered}$ | $\begin{gathered} \text { (B) } \\ \hline \begin{array}{c} \text { Program service } \\ \text { expenses } \end{array} \end{gathered}$ | (C) Management and general expenses | $\begin{gathered} \text { (D) } \\ \begin{array}{c} \text { Fundraising } \\ \text { expenses } \end{array} \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | $\bigcirc$ |  |  |  |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 |  |  |  |  |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 |  |  |  |  |
| 4 Benefits paid to or for members |  |  |  |  |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,028,510.9 | 520,327. | 1,345,805. | 162,378. |
| Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) |  |  |  |  |
| Other salaries and wages | 27,382,860. | 23,400,453. | 3,735,602. | 246,805. |
| Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 316,790.1 | 229,925. | 81,015. | 5,850. |
| Other employee benefits .......................... | 2,962,471. | 2,559,999. | 380,957. | 21,515. |
| 10 Payroll taxes | 3,554,454. | 3,052,650. | 461,877. | 39,927. |
| 11 Fees for services (nonemployees): <br> a Management | 236,429.- | 51,858. | 114,644. | 69,927. |
| b Legal | 287,714. | 177,221. | 110,493. |  |
| c Accounting | 74,774. | 27,000. | 43,610. | 4,164. |
| d Lobbying |  |  |  |  |
| e Professional fundraising services. See Part IV, line 17 |  | , |  |  |
| f Investment management fees | 43,950.9 |  | 43,950. |  |
| g Other. (If line 11 g amount exceeds $10 \%$ of line 25 , column (A) amount, list line 11 g expenses on $\operatorname{Sch} 0$.) | 1,172,642. | 1,022,867. | 149,156. | 619. |
| 12 Advertising and promotion | 499,148.) | 425,052. | 73,301. | 795. |
| 13 Office expenses. | 935,609.' | 813,805. | 61,600. | 60,204. |
| 14 Information technology | 941,904.1 | 511,426. | 414,064. | 16,414. |
| 15 Royalties |  |  |  |  |
| 16 Occupancy | 5,585,732. | 5,471,083. | 112,541. | 2,108. |
| 17 Travel | 2,002,456. | 1,712,025. | 281,081. | 9,350. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials |  |  |  |  |
| 19 Conferences, conventions, and meetings | 27,976.1 | 366. | 24,347. | 3,263. |
| 20 Interest | 2,122,805. | 2,073,929. | 48,876. |  |
| 21 Payments to affiliates | 221,347. |  | 214,159. | 7,188. |
| 22 Depreciation, depletion, and amortization | 4,720,102. | 4,320,022. | 399,640. | 440. |
| 23 Insurance | 1,149,084. | 1,011,321. | 128,789. | 8,974. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. line $24 e$ amount exceeds $10 \%$ of line 25 , column (A) amount, list line 24 e expenses on Schedule 0 .) |  |  |  |  |
| b MISCELLANEOUS | 222,509. | 186,010. | 32,564. | 3,935. |
| c |  |  |  |  |
| d |  |  |  |  |
| All other expenses |  |  |  |  |
| 25 Total functional expenses. Add lines 1 through 24 e | 63,307,465.9 | 54,385,538.4 | 8,258,071.9 | 663,856. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here $>\square$ if following SOP 98-2 (ASC 958-720) |  |  |  |  |

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


| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 65,725,440. |
| :---: | :---: | :---: | :---: |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 63,307,465. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,417,975. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X , line 32, column (A)) | 4 | 47,716,813. |
| 5 | Net unrealized gains (losses) on investments | 5 | 68,412.0 |
| 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 | -3,567,679. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 46,635,521. |

Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII_.............................

1 Accounting method used to prepare the Form 990 $\square$ CashAccrual $\square$ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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 $\square$ Consolidated basis $\square$ Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
X Separate basis $\square$ Consolidated basis
 Both consolidated and separate basis
c If "Yes" to line $2 a$ or $2 b$, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits


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

## Name of the organization

Employer identification number 59-0718492 ~

| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
| :--- | :--- |

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
$1 \square$ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
$2 \square$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
$3 \quad$ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
$4 \square$
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
$5 \square$
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
$6 \quad$ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
$7 \quad$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
$8 \quad$ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
$9 \quad$ An agricultural research organization described in section $\mathbf{1 7 0 ( b )}$ (1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 X An organization that normally receives: (1) more than $331 / 3 \%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than $331 / 3 \%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
$11 \square$ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
$12 \quad$ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a $\quad \square$ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b $\quad \square$ Type II. 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 organization(s). You must complete Part IV, Sections A and C.
c $\square$ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d
Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e $\quad \square$ 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).


LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19
Schedule A (Form 990 or 990-EZ) 2019
(Complete only if you checked the box on line 5,7 , or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar year (or fiscal year beginning in) <br> 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") <br> 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf <br> 3 The value of services or facilities furnished by a governmental unit to the organization without charge <br> 4 Total. Add lines 1 through 3 <br> 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds $2 \%$ of the amount shown on line 11, column (f) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Section B. Total Support |  |  |  |  |  |  |
| Calendar year (or fiscal year beginning in) <br> 7 Amounts from line 4 <br> 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources <br> 9 Net income from unrelated business activities, whether or not the business is regularly carried on | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 10 Other income. Do not include gai or loss from the sale of capital assets (Explain in Part VI.) |  |  |  |  |  |  |
| 11 Total support. Add lines 7 through 10 |  |  |  |  |  |  |
| 12 Gross receipts from related activities, etc. (see instructions) |  |  |  |  |  |  |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |  |  |  |  |  | - |
| Section C. Computation of Public Support Percentage |  |  |  |  |  |  |
| 14 Public support percentage for 2019 (lin | 6, column | d by line 1 | nn (f)) |  |  |  |
| 15 Public support percentage from 2018 | hedule A, P | e 14 |  |  |  |  |
| 16a $33 \mathbf{1 / 3} \%$ support test - 2019. If the organization did not check the box on line 13 , and line 14 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization <br> b $33 \mathbf{1 / 3} \%$ support test - 2018. If the organization did not check a box on line 13 or $16 a$, and line 15 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 17a $10 \%$-facts-and-circumstances test - 2019. If the organization did not check a box on line $13,16 a$, or $16 b$, and line 14 is $10 \%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |  |  |  |  |  |
| b $\mathbf{1 0 \%}$-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is $10 \%$ or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |  |  |  |  |  |  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ........ |  |  |  |  |  |  |

(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.)

## Section A. Public Support

Calendar year (or fiscal year beginning in)
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization'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
7a Amounts included on lines 1,2, and 3 received from disqualified persons
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $\$ 5,000$ or $1 \%$ of the amount on line 13 for the year
c Add lines 7a and 7b
8 Public support. (Subtract line 7 c from line 6.)

## Section B. Total Support

Calendar year (or fiscal year beginning in)
9 Amounts from line 6
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
c Add lines 10a and 10b
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
13 Total support. (Add lines $9,10 \mathrm{c}, 11$, and 12.)


| (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 62535073.63874156 .63482233 .68949174 .64992155 .323832791 |  |  |  |  |  |
| 106,102. | 133,820. | 315,447. | 307,470. | 306,634. | 1169473. |
| 106,102. | 133,820. | 315,447. | 307,470. | 306,634. | 1169473. |
| 13,278. | 13,386. | 12,835. | 13,400. | 14,943. | 67,842. |
| 394,245. | 740,505. | 389,212. | 601,702. | 492,595. | 2618259. |
| 63048698.64761867 .64199727 .69871746 .65806327 .327688365 |  |  |  |  |  |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

## Section C. Computation of Public Support Percentage

| 15 | Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 98.82 | \% |
| :---: | :---: | :---: | :---: | :---: |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 .... | 16 | 98.869 | \% |

## Section D. Computation of Investment Income Percentage

| 17 | Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) $\ldots \ldots . . . . . . . . . . . . . . . . . . ~$ |
| :--- | :--- |
| 18 | 17 |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line $17 \ldots \ldots$ |

19a $331 / 3 \%$ support tests - 2019. If the organization did not check the box on line 14 , and line 15 is more than $331 / 3 \%$, and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
b $331 / 3 \%$ support tests - 2018. If the organization did not check a box on line 14 or line 19 a, and line 16 is more than $331 / 3 \%$, and line 18 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked $12 b$ of Part I, complete Sections A and C. If you checked 12c of Part I, complete
Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes, " complete Part I of Schedule L (Form 990 or 990-EZ).
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 in 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 in 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 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.)


11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
b A family member of a person described in (a) above?
c A 35\% controlled entity of a person described in (a) or (b) above? If "Yes" to $a, b$, or c, provide detail in Part VI.


## Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No, " describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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

## Section C. Type II Supporting Organizations

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)


## Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described in (2), 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 plaved 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 year (see instructions).
a $\quad$ The organization satisfied the Activities Test. Complete line 2 below.
b $\square$ The organization is the parent of each of its supported organizations. Complete line $\mathbf{3}$ below.
c $\quad$ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? 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 bv the organization in this regard.



| Section D - Distributions |  |  | Current Year |
| :---: | :---: | :---: | :---: |
| 1 Amounts paid to supported organizations to accomplish exempt purposes |  |  |  |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |  |  |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations |  |  |  |
| 4 Amounts paid to acquire exempt-use assets |  |  |  |
| 5 Qualified set-aside amounts (prior IRS approval required) |  |  |  |
| 6 Other distributions (describe in Part VI). See instructions. |  |  |  |
| 7 Total annual distributions. Add lines 1 through 6. |  |  |  |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |  |  |  |
| 9 Distributable amount for 2019 from Section C, line 6 |  |  |  |
| 10 Line 8 amount divided by line 9 amount |  |  |  |
| Section E - Distribution Allocations (see instructions) | (i) <br> Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) <br> Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 |  |  |  |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. |  |  |  |
| 3 Excess distributions carryover, if any, to 2019 |  |  |  |
| a From 2014 |  |  |  |
| b From 2015 |  |  |  |
| c From 2016 |  |  |  |
| d From 2017 |  |  |  |
| e From 2018 |  |  |  |
| f Total of lines 3a through e |  |  |  |
| g Applied to underdistributions of prior years |  |  |  |
| h Applied to 2019 distributable amount |  |  |  |
| i Carryover from 2014 not applied (see instructions) |  |  |  |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. |  |  |  |
| 4 Distributions for 2019 from Section D, line 7 : \$ |  |  |  |
| a Applied to underdistributions of prior years |  |  |  |
| b Applied to 2019 distributable amount |  |  |  |
| c Remainder. Subtract lines 4a and 4b from 4. |  |  |  |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3 g and 4 a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |  |  |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |  |  |  |
| 7 Excess distributions carryover to 2020. Add lines 3 j and 4 c . |  |  |  |
| 8 Breakdown of line 7: |  |  |  |
| a Excess from 2015 |  |  |  |
| b Excess from 2016 |  |  |  |
| c Excess from 2017 |  |  |  |
| d Excess from 2018 |  |  |  |
| e Excess from 2019 |  |  |  |

Schedule A (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES-SUNCOAST, INC. 59-0718492 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 III, LINE 12, EXPLANATION FOR OTHER INCOME:
OTHER INCOME

| 2015 AMOUNT: $\$$ | $394,245$. |
| :--- | :--- | :--- |
| 2016 AMOUNT: $\$$ | $740,505$. |
| 2017 AMOUNT: $\$$ | $389,212$. |
| 2018 AMOUNT: $\$$ | $601,702$. |
| 2019 AMOUNT: \$ | $492,595$. |

## Schedule A

## Payments from Disqualified Persons

 Included on Part III, Line 7a| ** Do Not File ** <br> *** Not Open to Public Inspection *** |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Payer's Name | $\begin{gathered} 2015 \\ \text { Amount } \end{gathered}$ | $\begin{gathered} 2016 \\ \text { Amount } \end{gathered}$ | $\begin{gathered} 2017 \\ \text { Amount } \end{gathered}$ | 2018 Amount | $\stackrel{2019}{\text { Amount }}$ |
| DEBORAH PASSERINI | 0. | 0. | 0. | 0. | 11,625. |
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| Total to Schedule A, <br> Part III, Line 7a |  |  |  |  | 11,625. |

Name of the organization

Employer identification number
59-0718492

Organization type (check one):
Filers of: Section:

Form 990 or 990-EZ $\quad \mathrm{X}$ 501(c)( 3 ) (enter number) organization
$\square$ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
$\square 527$ political organization

Form 990-PF501(c)(3) exempt private foundation
$\square 4947(\mathrm{a})(1)$ nonexempt charitable trust treated as a private foundation
$\square 501(\mathrm{c})(3)$ 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

X 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

For an organization described in section 501(c)(3) filing Form 990 or $990-E Z$ that met the $331 / 3 \%$ support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 1 h ; 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 $990-E Z$ 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, II, and III.For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or $990-E Z$ 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 $\qquad$Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).
Name of organization
GOODWILL INDUSTRIES-SUNCOAST, INC.

Employer identification number
59-0718492

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 | BAYSIDE SOLUTIONS, INC. <br> 6104 PALMA DEL MAR BLVD S APT 406A <br> SAINT PETERSBURG, FL 33715-1288 | \$ 5,650. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 2 | TRUST OF LEWIS F. COLBERT <br> C/O WELLS FARGO PO BOX 95021 <br> HENDERSON, NV 89009 | \$ $5,247 .$ | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 3 | GIVEWELL COMMUNITY FOUNDATION <br> 1501 S FLORIDA AVE <br> LAKELAND, FL 33803-2258 | \$ 14,338. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 4 | ```JEANETTE GLYNN REVOCABLE LIVING TRUST C/O RAYMOND JAMES FINANCIAL SERVICES 877 EXECUTIVE CENTER DR. STE }30 SAINT PETERSBURG, FL 33702``` | \$ 129,172. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 5 | GOODWILL INDUSTRIES INTERNATIONAL, INC. <br> 15810 INDIANOLA DR <br> ROCKVILLE, MD 20855-2674 | \$ 11,955. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 6 | HAWKINS CONSTRUCTION, INC. <br> 1430 L AND R INDUSTRIAL BLVD <br> TARPON SPRINGS, FL 34689-6807 | \$ 5,000. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Name of organization
GOODWILL INDUSTRIES-SUNCOAST, INC.

Employer identification number
59-0718492

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 7 | DAN R. JOHNSON <br> 5020 BAYSHORE BLVD APT 601 <br> TAMPA, FL 33611-3857 | \$_ 29,300. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 8 | LOKEY AUTOMOTIVE GROUP <br> 27758 US HIGHWAY 19 N <br> CLEARWATER, FL 33761-4901 | \$ $7,500 .$ | Person <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) <br> Type of contribution |
| 9 | EDWARD S. MANSFIELD <br> 117 56TH AVE S UNIT 501 <br> SAINT PETERSBURG, FL 33705-5472 | \$ 5,000. | Person <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 10 | NATIONAL CHARITY SERVICES, INC. <br> PO BOX 90967 <br> WASHINGTON, DC 20090 | \$ 58,493. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 11 | DEBORAH A. PASSERINI <br> 19003 RUSTIC WOODS TRL <br> ODESSA, FL 33556-5235 | \$ 11,625. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 12 | LOUIS A. PAVAO <br> PO BOX 511 <br> COLEMAN, FL 33521-0511 | \$ 5,830. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Employer identification number
59-0718492

GOODWILL INDUSTRIES-SUNCOAST, INC.
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 13 | PIEDMONT COMPANIES, INC. <br> 2671 E MAIN ST <br> LINCOLNTON, NC 28092-4357 | \$ 5,000. | Person <br> X <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 14 | PNC FOUNDATION <br> 201 N FRANKLIN ST STE 1500 TAMPA, FL 33602-5162 | $\$ \quad 10,000 .$ | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 15 | PUBLIX SUPER MARKETS CHARITIES, INC. <br> PO BOX 407 <br> LAKELAND, FL 33802-0407 | \$ 30,000. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 16 | DENNIS REECE <br> 5030 DEVON PARK DR <br> TAMPA, FL 33647-2735 | \$ 5,100. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 17 | REGIONS BANK <br> 100 N TAMPA ST STE 3100 <br> TAMPA, FL 33602-3671 | \$ 15,500. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 18 | SOLSTICE SLEEP PRODUCTS <br> 500 S FALKENBURG RD <br> TAMPA, FL 33619-8043 | \$ 5,000. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Name of organization
GOODWILL INDUSTRIES-SUNCOAST, INC.

Employer identification number
59-0718492

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 19 | SOUTHEAST ASSOCIATION OF GOODWILLS <br> 11975 SEAWAY RD STE 140 <br> GULFPORT, MS 39503-6015 | \$ 25,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 20 | SUNTRUST BANK AKA TRUIST <br> 401 E JACKSON ST <br> TAMPA, FL 33602-5233 | $\$ \quad 10,000 .$ | Person <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 21 | SUNTRUST FOUNDATION <br> 919 E MAIN ST <br> RICHMOND, VA 23219 | \$ 20,000. | Person <br> X <br> Payroll <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 22 | TAMPA BAY LIGHTNING FOUNDATION <br> 401 CHANNELSIDE DR <br> TAMPA, FL 33602-5400 | \$ 10,000. | Person <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 23 | THEODORE P. AND MARIAN HADLEY TONNE CHARITABLE TRUST <br> C/O REGIONS 201 MILAN PKWY <br> BIRMINGHAM, AL 35211 | \$ 100,104. | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 24 | USI CONSULTING GROUP <br> 2502 N ROCKY POINT DR STE 400 TAMPA, FL 33607-1443 | \$ 20,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Employer identification number
59-0718492

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 25 | WELLS FARGO FOUNDATION <br> 301 S COLLEGE ST STE 2800 <br> CHARLOTTE, NC 28202-0905 | \$ 20,000. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) No. | (b) <br> Name, address, and ZIP + 4 | (c) Total contributions | (d) <br> Type of contribution |
|  |  | $\$$ | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | $\$$ | Person <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |

Employer identification number
59-0718492

GOODWILL INDUSTRIES-SUNCOAST, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.


GOODWILL INDUSTRIES-SUNCOAST, INC.
59-0718492
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed.


## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

 organization answered "Yes" on Form 990, Part IV, line 6.1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year

| (a) Donor advised funds | (b) Funds and other accounts |
| :---: | :---: |
|  |  |
|  |  |
|  |  |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

| Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. |
| :--- | :--- |

1 Purpose(s) of conservation easements held by the organization (check all that apply).

$\square \mathrm{P}$
$\square \mathrm{P}$
$\square \mathrm{P}$Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

|  | Held at the End of the Tax Year |
| :--- | :--- |
| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?


6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
-
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

- \$ $\qquad$
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?


9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 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.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of 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:
(i) Revenue included on Form 990, Part VIII, line 1

- \$
(ii) Assets included in Form 990, Part X
- \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ..................................................................................... \$
b Assets included in Form 990, Part X

- \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2019

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its
collection items (check all that apply):

| $\mathbf{a}$ | $\square$ | Public exhibition |
| :--- | :--- | :--- |
| $\mathbf{b}$ | $\square$ | Scholarly research |
| $\mathbf{c}$ | $\square$ | Preservation for future generations |

d Loan or exchange program
eOther
c $\quad \square$ Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?


Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

Part V $\quad$ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1a Beginning of year balance |  | , | $\rangle$ |  |  |
| b Contributions . |  |  |  |  |  |
| c Net investment earnings, gains, and losses |  |  |  |  |  |
| d Grants or scholarships | - |  |  |  |  |
| e Other expenditures for facilities and programs |  |  |  |  |  |
| $f$ Administrative expenses |  |  |  |  |  |
| $g$ End of year balance |  | - |  |  |  |

2 Provide the estimated percentage of the current year end balance (line 1 g , column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment
c Term endowment
 \%
The percentages on lines $2 \mathrm{a}, 2 \mathrm{~b}$, and 2 c should equal $100 \%$.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?


4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land |  | 33,717,995. |  | 33,717,995. |
| b Buildings |  | 69,179,953. | 28,294,605. | 40,885,348. |
| c Leasehold improvements |  | 567,805. | 456,398. | 111,407. |
| d Equipment |  | 17,836,909. | 14,764,434. | 3,072,475. |
| e Other |  | 15,615,003. | 8,883,301. | 6,731,702. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.) ................................ |  |  |  | 84,518,927. |

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| :--- | :--- | :--- |
| (1) Financial derivatives ............................ |  |  |
| (2) Closely held equity interests <br> (3) Other <br> (A) |  |  |
| (B) |  |  |
| (C) |  |  |
| (D) |  |  |
| (E) |  |  |
| (F) |  |  |
| (G) |  |  |
| (H) |  |  |
| Total. (Col. (b) must equal Form 990, Part X, col. . (B) line 12.) |  |  |
| Part VIII |  |  |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)
Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.


| (a) Description of liability |  | (b) Book value |
| :---: | :---: | :---: |
| (1) Federal income taxes |  |  |
| (2) DEFERRED COMPENSATION PAYABLE |  | 2,860,682. |
| (3) FAIR VALUE OF INTEREST RATE SWAP |  | 5,785,501. |
| (4) ANNUITIES PAYABLE |  | 247,460. |
| (5) |  |  |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |
| (9) |  |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | $\checkmark$ | 8,893,643. |

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.


Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d


3 Subtract line $\mathbf{2 e}$ from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines $\mathbf{4 a}$ and $\mathbf{4 b}$
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)

## Part 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:

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER
TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE
RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. UNDER THIS POLICY, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

POSITION AND HAD CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE.

THE ORGANIZATION WOULD BE LIABLE FOR INCOME TAXES IN THE U.S. FEDERAL JURISDICTION. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2017.

| JOBWORKS REVENUES - CONSOLIDATED FINANCIAL STATEMENTS | 978,654. |
| :---: | :---: |
| SPECIAL EVENTS EXPENSE | 11,346. |
| HUD REVENUES - CONSOLIDATED FINANCIAL STATEMENTS | 3,131,762. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 4,121,762. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: |  |
| SPLIT INTEREST CHANGE | -140,762. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |  |
| JOBWORKS EXPENSES - CONSOLIDATED FINANCIAL STATEMENTS | 970,159. |
| SPECIAL EVENTS EXPENSE | 11,346. |
| HUD EXPENSES - CONSOLIDATED FINANCIAL STATEMENTS | 3,091,188. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 4,072,693. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:
$\qquad$

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a $\square$ Mail solicitations
b $\square$ Internet and email solicitations
cPhone solicitationsSolicitation of non-government grantsIn-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $\$ 5,000$ by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity |  |  | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Yes | No |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total |  |  | $\checkmark$ |  |  |  |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $\$ 15,000$ of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6 b . List events with gross receipts greater than $\$ 5,000$.


Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.


9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? ..................................................... $\square$ Yes $\square$ No
b If "No," explain: $\qquad$

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ........................ $\square$ Yes $\square$ No
b If "Yes," explain: $\qquad$
$\qquad$

11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?


13 Indicate the percentage of gaming activity conducted in:
a The organization's facility

| 13 a | $\%$ |
| :---: | :---: |
| 13 b | $\%$ |

b An outside facility
13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.
Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL INDUSTRIES-SUNCOAST, INC.
Employer identification number 59-0718492

## Part I $\quad$ Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.


First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments Discretionary spending accountHousing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation feesPersonal services (such as maid, chauffeur, chef)
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

| X | Compensation committee |
| :--- | :--- |
| X | Independent compensation consultant |
| $\mathbf{X}$ | Form 990 of other organizations |

$\square$ Written employment contract
X Compensation survey or study
X Form 990 of other organizations
X Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
a The organization?
b Any related organization? If "Yes" on line 5 a or 5 b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
a The organization?
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6 ? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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．

| （A）Name and Title |  | （B）Breakdown of W－2 and／or 1099－MISC compensation |  |  | （C）Retirement and other deferred compensation$45,964 .$ | （D）Nontaxablebenefits | $\begin{array}{c}\text {（E）} \\ \begin{array}{c}\text { Total of columns } \\ \text {（B）（i）－（D）}\end{array} \\ 514,726 .\end{array}$ | （F）Compensation in column（B） reported as deferred on prior Form 990 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | （i）Base compensation | （ii）Bonus \＆ incentive compensation | （iii）Other reportable compensation |  |  |  |  |
| （1）DEBORAH A．PASSERINI | $\begin{gathered} \hline \text { (i) } \\ \text { (ii) } \end{gathered}$ | 350，693． | 111，570． | 0 ． |  |  |  |  |
| PRESIDENT／CEO |  | 0． | 0． | 0. | 0 ． | 0 ． | 0 ． | 0 ． |
| （2）GARY R．HEBERT TREASURER | （i） | 251，681． | 40，185． | 0 ． | 10，950． | 5，576． | 308，392． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． |
| （3）PAUL NORRIS <br> VP OF CORRECTIONS | （i） | 162，513． | 16，715． | 0 ． | 6，676． | 6，626． | 192，530． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． |
| （4）ALLEN STARR CIO | （i） | 158，460． | 13，679． | 0. | 6，348． | 6，626． | 185，113． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0. | 0 ． | 0 ． | 0 ． | 0 ． |
| （5）STEFANIE ANNA SECRETARY | （i） | 154，172． | 14，617． | 0. | 6，307． | 6，626． | 181，722． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 。 |
| （6）KRIS RAWSON <br> VP OF WORKFORCE | （i） | 145，366． | 12，821． | 0. | 6，214． | 6，499． | 170，900． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． |
| （7）JACQUELINE MILLER VP OF HR | （i） | 131，551． | 12，327． | 0 ． | 5，406． | 6，568． | 155，852． | 0 ． |
|  | （ii） | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． |
| （8）JAMES WILLIAMS III <br> VP OF DEVELOPMENT | （i） | 121，203． | 12，348． | 0 ． | 23，308． | 5，520． | 162，379． | 0 ． |
|  | （ii） | 0. | 0 ． | 0. | 0 ． | 0 ． | 0 ． | 0 。 |
| （9）BRAD STEFFANI VP OF RETAIL | （i） | 135，378． | 16，000． | 0. | 0. | 5，520． | 156，898． | 0 ． |
|  | （ii） | 0 。 | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． | 0 ． |
|  | （i） | $\square$ |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |
|  | （i） | $\cdots$ |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |
|  | （i） |  | ） |  |  |  |  |  |
|  | （ii） |  | － |  |  |  |  |  |
|  | （i） |  |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |
|  | （i） |  |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |
|  | （i） |  |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |
|  | （i） |  |  |  |  |  |  |  |
|  | （ii） |  |  |  |  |  |  |  |





## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.


Schedule L (Form 990 or 990-EZ) 2019 GOODWILL INDUSTRIES-SUNCOAST, INC.
59-0718492 Page2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Yes | No |
| USI INSURANCE SERVICES | FORMER DIRECTOR | 1,262,158. | INSURANCE P |  | X |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Part V Supplemental Information. <br> Provide additional information for responses to questions on Schedule L (see instructions). |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| (A) NAME OF PERSON: USI INSURANCE SERVICES |  |  |  |  |  |
| (D) DESCRIPTION OF TRANSACTION: INSURANCE PREMIUMS |  |  |  |  |  |

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

- Attach to Form 990.

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

## Part I Types of Property


30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019 GOODWILL INDUSTRIES-SUNCOAST, INC. 59-0718492
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.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

FORM 990, PART I, LINE 6
VOLUNTEERS PROVIDE MULTIPLE SERVICES TO GOODWILL-SUNCOAST, INCLUDING
MENTORING CLIENTS IN OUR PROGRAMS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES, ASSISTING WITH FUNDRAISING EVENTS OR VISITING WITH THE ELDERLY. MANY VOLUNTEERS ARE READERS FOR GOODWILL'S BOOKWORKS PROGRAM WHERE THEY READ TO AT-RISK CHILDREN OR SORT AND PREPARE BOOKS FOR DISTRIBUTION. AFTER VOLUNTEERS READ TO A GROUP OF AT-RISK YOUTH, THEY GIVE EACH CHILD THEIR OWN, PERSONALIZED BOOK TO TAKE HOME. THE NUMBER OF CHILDREN SERVED BY BOOKWORKS DURING THE PAST YEAR WAS 55,250.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR MISSION IS HELPING PEOPLE ACHIEVE THEIR FULL POTENTIAL THROUGH THE DIGNITY AND POWER OF WORK. WE ACHIEVE THE MISSION THROUGH JOB TRAINING, EMPLOYMENT, AND PERSONAL GROWTH OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT. GOODWILL ALSO PROMOTES A GREENER COMMUNITY BY REPURPOSING ITEMS THAT MAY OTHERWISE BE RELEGATED TO LANDFILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
(CONTINUED FROM PART III, LINE 4B) WHEN AMEY LEFT HIGH SCHOOL, SHE ENROLLED IN A TRAINING CENTER FOR ADULTS WITH DISABILITIES WHERE HER "JOB" WAS PULLING WEEDS DAY AFTER DAY IN A HOT GARDEN. SOON AFTER SHE CAME TO GOODWILL'S LIFE SKILLS DEVELOPMENT PROGRAM. IT WAS THERE THAT SHE BEGAN TO BLOSSOM. IN TIME AMEY PROGRESSED FROM SORTING ITEMS FOR THE OUTLET STORE TO MASTERING THE MUCH MORE COMPLEX JOB OF CASHIER. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

DURING HER TIME AT THE GOODWILL OUTLET STORE, SHE ENJOYED MAKING MONEY AND MAKING FRIENDS. AND, SHE CAME BURSTING OUT OF HER SHELL. "AT FIRST

I WAS SHY, I DIDN'T SAY ONE WORD. NOW THEY CAN'T GET ME TO STOP
TALKING!" AMEY'S PROGRESSION EVENTUALLY LED HER TO SEEK EMPLOYMENT IN THE COMMUNITY AND SHE LANDED A JOB AT TJ MAXX. SHE EVEN BEGAN SCHEDULING HER OWN TRANSPORTATION TO AND FROM WORK, SOMETHING SHE LEARNED FROM HER GOODWILL JOB COACH. "I DO IT MYSELF NOW, AND I'M PROUD OF MYSELF!"

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CONTRACT SERVICES - PACKAGING, ASSEMBLY OR LABELING WORK FOR BUSINESSES PROVIDES JOB TRAINING AND WORK HABITS TRAINING TO INDIVIDUALS WITH

DEVELOPMENTAL DISABILITIES WHILE ALLOWING THEM TO EARN PAYCHECKS. TOTAL CLIENTS SERVED WERE 161.

EXPENSES \$ 404,680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,506.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND REPORTS ITS COMMENTS TO THE BOARD EITHER AT A MEETING OR VIA EMAIL. EACH BOARD MEMBER RECEIVES A COPY OF THE 990 AND APPROVES BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF
INTEREST PRIOR TO DISCUSSION OF ANY ITEM IN WHICH A CONFLICT MAY BE PRESENT OR ARISE. CONFLICTED MEMBERS EXIT THE BOARDROOM AND ABSTAIN FROM VOTING ON ANY MATTERS WHERE A CONFLICT OF INTEREST IS PRESENT. MEMBERS ALSO COMPLETE ANNUAL DISCLOSURES OF ANY POTENTIAL CONFLICTS OF INTERESTS IN WRITING.

FORM 990, PART VI, SECTION B, LINE 15:
LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE FOR THE BOARD OF DIRECTORS AND REVIEWS AND ESTABLISHES THE TOTAL COMPENSATION FOR THE CEO ANNUALLY, UTILIZING A THIRD-PARTY COMPENSATION CONSULTANT WHO DEVELOPS A WAGE COMPARABILITY STUDY THAT ALSO INCORPORATES A 990 PEER GROUP, AND COMPILES THE DATA. THE BOARD REVIEWS THE COMPARABILITY DATA AND THE TOTAL COMPENSATION, WITH THE RECOMMENDATIONS FROM THE EXECUTIVE COMMITTEE ANNUALLY TOGETHER WITH THE CEO'S PERFORMANCE. THE FULL BOARD APPROVES ALL COMPENSATION CHANGES. THE STUDY IS COMPLETED AT LEAST EVERY THREE YEARS.

LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE COMPENSATION CONSULTANT COMPILES A WAGE COMPARABILITY STUDY THAT ALSO INCORPORATES A 990 PEER GROUP FOR OFFICERS AND KEY EMPLOYEES, AND HIGHLY PAID INDIVIDUALS. THE STUDY IS COMPLETED AT LEAST EVERY THREE YEARS AND DATA IS PRESENTED TO THE EXECUTIVE COMMITTEE AND THE FULL BOARD. TOTAL COMPENSATION IS ESTABLISHED BY THE CEO IN COMPLIANCE WITH THE BOARD'S POLICY ON EXECUTIVE COMPENSATION, WHICH INCLUDES TARGETED PERCENTILE RANGES. ANY COMPENSATION FALLING OUTSIDE OF PRE-ESTABLISHED RANGES IS BROUGHT TO THE EXECUTIVE COMMITTEE AND BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT
AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN SPLIT INTEREST VALUE $140,762$.
$\qquad$

FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE:
THE AUDIT COMMITTEE'S PROCESS OF AUDIT EVALUATION HAS NOT CHANGED FROM THE PRIOR YEAR. $\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Related Organizations and Unrelated Partnerships

2019
Department of the Treasury
Internal Revenue Service
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Open to Public Inspection

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

| (a) <br> Name, address, and EIN (if applicable) of disregarded entity | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Total income | (e) <br> End-of-year assets | (f) <br> Direct controlling entity |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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 organizations during the tax year.


For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

 organizations treated as a partnership during the tax year.

 organizations treated as a corporation or trust during the tax year.


Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35 b , or 36.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
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)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
I Performance of services or membership or fundraising solicitations for related organization(s)
$\mathbf{m}$ Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
$\mathbf{r}$ Other transfer of cash or property to related organization(s)

|  | Yes | No |
| :---: | :---: | :---: |
| 1a |  | X |
| 1b |  | X |
| 1c |  | X |
| 1d |  | X |
| 1e |  | X |
|  |  |  |
| 1 f |  | X |
| 1 g |  | X |
| 1h |  | X |
| 1 i |  | X |
| 1j |  | X |
|  |  |  |
| 1k |  | X |
| 11 | X |  |
| 1 m |  | X |
| 1n | X |  |
| 10 | X |  |
|  |  |  |
| 1p |  | X |
| 19 | X |  |
|  |  |  |
| 1 r |  | X |
| 1s |  | X |

s Other transfer of cash or property from related organization(s)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.


Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
 that was not a related organization. See instructions regarding exclusion for certain investment partnerships.


Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.
PART V, TRANSACTION TYPES "N" AND "O":
THE ORGANIZATION PROVIDES ACCOUNTING AND ADMINISTRATIVE SERVICES FOR
EACH OF THE ENTITIES REPORTED IN SCHEDULE R, PART II. AT THIS TIME, THE
ORGANIZATION IS NOT REIMBURSED FOR THESE SERVICES.
$\qquad$
$\longrightarrow$
$\qquad$
$\qquad$
$\qquad$

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
${ }_{\text {fom }}$ 990-W
(Worksheet)
Department of the Treasury Department of the Treasury
Internal Revenue Service

1 Unrelated business taxable income expected in the tax year

2 Tax on the amount on line 1. See instructions for tax computation
3 Alternative minimum tax for trusts. See instructions

4 Total. Add lines 2 and 3

5 Estimated tax credits. See instructions

6 Subtract line 5 from line 4

7 Other taxes. See instructions

8 Total. Add lines 6 and 7

9 Credit for federal tax paid on fuels. See instructions
10a Subtract line 9 from line 8. Note: If less than $\$ 500$, the organization is not required to make estimated tax payments. Private foundations, see instructions
b Enter the tax shown on the 2019 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c
c 2020 Estimated Tax. Enter the smaller of line 10a or line 10 b . If the organization is required to skip line 10 b , enter the amount from line 10a on line 10c


```
ESTIMATED TAX
OVERPAYMENT APPLIED
AMOUNT DUE
ESTIMATED TAX
OVERPAYMENT APPLIED
AMOUNT DUE
```

2,951.
151.

2,800.


## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) |  | 14 |  |
| :---: | :---: | :---: | :---: | :---: |
| 15 | Salaries and wages |  | 15 |  |
| 16 | Repairs and maintenance |  | 16 |  |
| 17 | Bad debts |  | 17 |  |
| 18 | Interest (attach schedule) (see instructions) |  | 18 |  |
| 19 | Taxes and licenses |  | 19 |  |
| 20 | Depreciation (attach Form 4562) | 20 |  |  |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 21a | 21b |  |
| 22 | Depletion |  | 22 |  |
| 23 | Contributions to deferred compensation plans |  | 23 |  |
| 24 | Employee benefit programs |  | 24 |  |
| 25 | Excess exempt expenses (Schedule I) |  | 25 |  |
| 26 | Excess readership costs (Schedule J) |  | 26 |  |
| 27 | Other deductions (attach schedule) |  | 27 |  |
| 28 | Total deductions. Add lines 14 through 27 |  | 28 | 0 。 |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 |  | 29 | 14,943. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |  | 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 |  | 31 | 14,943. |


(see instructions)
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here

58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.
59 Enter the amount of tax-exempt interest received or accrued during the tax year \$




## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

 (see instructions)1. Description of property

| (1) BILLBOARD REVENUES |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
| 2. Rent received or accrued |  | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |  |
| (a) From personal property (if the percentage of rent for personal property is more than $10 \%$ but not more than $50 \%$ ) | (b) From real and personal property (if the percentage fent for personal property exceeds $50 \%$ or if the rent is based on profit or income) |  |  |  |
| (1) | 14,943.* |  |  |  |
| (2) |  |  |  |  |
| (3) | - |  |  |  |
| (4) |  |  |  |  |
| Total 0 . | Total $14,943$. |  |  |  |
| (c) Total income. Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A) | $\checkmark \quad 14,943$. | (b) Total deductions. Enter here and on page ${ }^{1}$ Part 1 , line 6, column (B) | $\checkmark$ | 0 . |

## Schedule E - Unrelated Debt-Financed Income (see instructions)



Form 990-T (2019) GOODWILL INDUSTRIES-SUNCOAST, INC.
59-0718492 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income |  | 6. Deductions directly connected with income in column 5 |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| Nonexempt Controlled Organizations |  |  |  |  |  |  |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified pay made | 10. Part of c in the contrin | nn 9 that is included ng organization's income |  | ductions directly connected income in column 10 |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| Totals |  |  | Add co Enter here line | ns 5 and 10. <br> on page 1, Part I, <br> column (A). |  | Add columns 6 and 11. here and on page 1, Part I, line 8, column (B). $\qquad$ |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions <br> directly connected <br> (attach schedule) | 4. Set-asides <br> (attach schedule) | 5. Total deductions <br> and set-asides <br> (col. 3 plus col. 4) |
| :--- | :--- | :--- | :--- | :--- | :--- |
| $(1)$ |  |  |  |  |
| $(2)$ |  |  |  |  |
| $(3)$ |  |  |  |  |
| $(4)$ |  |  |  |  |
|  |  |  |  |  |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)


Schedule J - Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 . | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5 , but not more than column 4). |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| Totals (carry to Part II, line (5)) | 0 | 0 |  |  |  | 0. |

Form 990-T (2019) GOODWILL INDUSTRIES-SUNCOAST, INC.
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in
columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 . | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5 , but not more than column 4). |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (1) |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |
| (4) |  |  |  |  |  |  |
| Totals from Part I _.................. | 0 . | 0 . | - |  |  | 0 - |
|  | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |  |  | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5).............. | 0 . | 0 . |  |  |  | 0 . |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
| :---: | :---: | :---: | :---: |
| (1) |  | \% |  |
| (2) |  | \% |  |
| (3) |  | \% |  |
| (4) |  | \% |  |
| Total. Enter here and on page 1, Part II, line 14 ....................................................................................... |  |  |  |

Department of the Treasury
Internal Revenue Service
Name
Go to www.irs.gov/Form2220 for instructions and the latest information.
GOODWILL INDUSTRIES-SUNCOAST, INC.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

## Part I $\quad$ Required Annual Payment

1 Total tax (see instructions)

2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section $167(\mathrm{~g})$ for depreciation under the income forecast method
c Credit for federal tax paid on fuels (see instructions)
d Total. Add lines 2a through 2c
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty

4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5

5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3


Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions.
$6 \quad \square$ The corporation is using the adjusted seasonal installment method.
$7 \quad \square$ The corporation is using the annualized income installment method.
$8 \quad \square \quad$ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

## Part III $\begin{aligned} & \text { Figuring the Underpayment }\end{aligned}$

9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year

10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7 ) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter $25 \%$ ( 0.25 ) of line 5 above in each column
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions

Complete lines 12 through 18 of one column
before going to the next column.
12 Enter amount, if any, from line 18 of the preceding column
13 Add lines 11 and 12
14 Add amounts on lines 16 and 17 of the preceding column
15 Subtract line 14 from line 13. If zero or less, enter -0-
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter $-0-$

17 Underpayment. If line 15 is less than or equal to line 10 , subtract line 15 from line 10 . Then go to line 12 of the next column. Otherwise, go to line 18
18 Overpayment. If line 10 is less than line 15 , subtract line 10 from line 15. Then go to line 12 of the next column

|  | (a) | (b) | (c) | (d) |
| :---: | :---: | :---: | :---: | :---: |
| 9 | 10/15/19 | 12/15/19 | 03/15/20 | 06/15/20 |
| 10 | 704. | 703. | 704. | 703. |
| 11 |  |  | 3,100. |  |
| 12 |  |  |  | 989. |
| 13 |  |  | 3,100. | 989. |
| 14 |  | 704. | 1,407. |  |
| 15 | 0. | 0. | 1,693. | 989. |
| 16 |  | 704. | 0. |  |
| 17 | 704. | 703. |  |  |
| 18 |  |  | 989. |  |

## Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions.
Form 2220 (2019)

## Part IV Figuring the Penalty



* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter.

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

| Name(s)GOODWILL INDUSTRIES-SUNCOAST, INC. |  |  |  | Identifying Number59-0718492 |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| (A) <br> *Date | (B) <br> Amount | (C) <br> Adjusted Balance Due | $\begin{gathered} \hline \text { (D) } \\ \text { Number Days } \\ \text { Balance Due } \end{gathered}$ | $\begin{gathered} \hline \text { (E) } \\ \text { Daily } \\ \text { Penalty Rate } \end{gathered}$ | (F) <br> Penalty |
|  |  | -0- |  |  |  |
| 10/15/19 | 704. | 704. | 61 | . 000136986 | 6. |
| 12/15/19 | 703. | 1,407. | 16 | . 000136986 | 3. |
| 12/31/19 | 0. | 1,407. | 64 | . 000136612 | 12. |
| 03/04/20 | $-3,100$. | -1,693. |  |  |  |
| 03/15/20 | 704. | -989. |  |  |  |
| 06/15/20 | 703. | -286. |  |  |  |
| 06/30/20 | 0. | -286. | 138 | . 000081967 |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Penalty Due (Sum of |  |  |  |  | 21. |

* Date of estimated tax payment, withholding credit date or installment due date.

| Name | GOODWILL INDUSTRIES-SUNCOAST, INC. |
| :--- | :--- | :--- |
| Address | P.O. BOX 14456 |

City/State/ZIP ST. PETERSBURG, FL 33733-4456Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - Attach pages $1-5$ of federal return Check here if negative $\qquad$ 14,943.00
2. State income taxes deducted in computing federal taxable income (attach schedule)
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1,2 and 3
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R) .....................................

. Florida exemption
Check here if negative
$\qquad$ Check here if negative Check here if negative Check here if negative
(.......... Check here if negative

$14,943.00$
$14,943.00$
14,943.00
$14,943.00$
0.00
0.00
9. Tax due: $4.458 \%$ of Line 10

10. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
11. a) Penalty: F-2220 $\qquad$ b) Other
c) Interest: F-2220 $\qquad$ d) Other $\qquad$ Line 14 Total
12. Total of Lines 13 and 14
13. Payment credits:

Estimated tax payments Tentative tax payment

16a \$ $\square$
16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

# Payment Coupon for Florida Corporate Income Tax Return 

Do Not Detach

year ending 06/30/20
R. $01 / 20$

To ensure proper credit to your account, enclose your check with tax return when mailing.

| Name | GOODWILL INDUSTRIES-SUNCOAST, |
| :--- | :--- | :--- |

City/State/ZIP ST. PETERSBURG, FL 33733-445 of the taxable year.

| 590718492 | 0 | 0 | 0 |
| :--- | :--- | :--- | :--- |
| 20190701 | 0 | 0 | 0 |
| 20200630 | 1494300 | 0 | 0 |
| 00000000 | 0.000000 | 0 | 0 |
| 012 | 0 | 0 | 0 |
| 201 | 0 | 0 | 0 |
| 1494300 | 0 | 0 | 0 |
| 0 | 1494300 | 0 | 0 |

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.


All Taxpayers Must Answer Questions A through M Below - See Instructions


G-2. Part of a federal consolidated return? YES $\square$ NO $\quad \mathrm{X}$ If yes, provide:

FEIN from federal consolidated return:
Name of corporation: $\qquad$
H. Location of corporate books:
P.O. BOX 14456
City, State, ZIP: ST. PETERSBURG, FL 33733
I. Taxpayer is a member of a Florida partnership or joint venture? YES $\square$ NO X
J. Enter date of latest IRS audit: $\qquad$
a) List years examined:
K. Contact person concerning this return: TRACEY BOUCHER
a) Contact person telephone number
727-523-1512
b) Contact person e-mail address: TRACEY.BOUCHER@GOODW
L. Type of federal return filed $\quad \square 1120 \quad \square$ 1120s or 9 90-T

## New - Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

## Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135
If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

## Remember:

## Make your check payable to the Florida

 Department of Revenue.- Write your FEIN on your check.

Sign your check and return.
Attach a copy of your federal return.
$\checkmark$ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.

NAME GOODWILL INDUSTRIES-SUNCOAST, INC.
fein 59-0718492 taxable year ending $\underline{06 / 30 / 20}$


## Schedule II - Subtractions from Federal Taxable Income



Name GOODWILL INDUSTRIES-SUNCOAST, INC. FEIN 59-0718492 taXable Year ending 06/30/20

## Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

|  | (a) <br> WITHIN FLORIDA <br> (Numerator) | (b) <br> TOTAL EVERYWHERE <br> (Denominator) | (c) Col. (a) $\div$ Col. (b) Rounded to Six Decima Places | (d) <br> Weight <br> If any factor in Column (b) is zero, see note on Pg 9 of the instructions | (e) <br> Weighted Factors Rounded to Six Decimal Places |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. Property (Schedule III-B below) |  |  |  | X 25\% or |  |
| 2. Payroll |  |  |  | X 25\% or |  |
| 3. Sales (Schedule III-C below) |  |  |  | X 50\% or |  |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2. |  |  |  |  | 1.000000 |
| III-B For use in computing average value of property (use original cost). |  | WITHIN FLORIDA |  | TOTAL EVERYWHERE |  |
|  |  | a. Beginning of year | b. End of year | c. Beginning of year | d. End of year |
| 1. Inventories of raw material, work in process, finished goods |  |  |  |  |  |
| 2. Buildings and other depreciable assets |  |  |  |  |  |
| 3. Land owned |  |  |  |  |  |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule) |  |  |  |  |  |
| 5. Total (Lines 1 through 4) |  |  |  |  |  |
| 6. Average value of property <br> a. Add Line 5, Columns (a) and <br> b. Add Line 5, Columns (c) and <br> 7. Rented property (8 times net an <br> a. Rented property in Florida <br> b. Rented property Everywhere <br> 8. Total (Lines 6 and 7). Enter on Li <br> a. Enter Lines 6 a. plus 7 a. an Column (a) for total average <br> b. Enter Lines 6 b. plus 7 b. an Column (b) for total average | d divide by 2 (for within d divide by 2 (for total nt) <br> Schedule III-A, Column enter on Schedule III-A rty in Florida enter on Schedule III-A rty Everywhere | 6 a. $\qquad$ <br> ere) $\qquad$ <br> 7 a. $\qquad$ <br> (b). <br> 8a. $\qquad$ |  | 6 b. $\qquad$ $\qquad$ 7b. $\qquad$ <br> 8b. $\qquad$ |  |
| III-C Sales Factor |  |  |  | $\begin{aligned} & \text { (a) } \\ & \text { TOTAL WITHIN FLORIDA } \\ & \text { (Numerator) } \end{aligned}$ | TOTAL EVERYWHERE <br> (Denominator) |
| 1. Sales (gross receipts) |  |  |  | N/A |  |
| 2. Sales delivered or shipped to Florida purchasers |  |  |  |  | N/A |
| 3. Other gross receipts (rents, royalties, interest, etc. when applicable) |  |  |  |  |  |
| 4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b]) |  |  |  |  |  |
| III-D Special Apportionment Fractions (see instructions) |  |  | (a) WITHIN FLORIDA | (b) TOTAL EVERYWHERE | (c) FLORIDA Fraction ([a] : [b]) <br> Rounded to Six Decimal Places |
| 1. Insurance companies (attach copy of Schedule T - Annual Report) |  |  |  |  |  |
| 2. Transportation services |  |  |  |  |  |


| Schedule IV - Computation of Florida Portion of Adjusted Federal Income |  |  |
| :---: | :--- | :--- |
| 1. | Apportionable adjusted federal income from Page 1, Line 6 | 1. |
| 2. | Florida apportionment fraction (Schedule III-A, Line 4) | 2. |
| 3. | Tentative apportioned adjusted federal income (multiply Line 1 by Line 2) | 3. |
| 4. | Net operating loss carryover apportioned to Florida (attach schedule; see instructions) | 4. |
| 5. | Net capital loss carryover apportioned to Florida (attach schedule; see instructions) | 5. |
| 6. | Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions) | 6. |
| 7. | Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. |
| 8. | Total carryovers apportioned to Florida (add Lines 4 through 7) | 8. |
| 9. | Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions) | 9. |

NAME GOODWILL INDUSTRIES-SUNCOAST, INC.
FEIN 59-0718492 TAXABLE YEAR ENDING $\underline{06 / 30 / 20}$

## Schedule V - Credits Against the Corporate Income/Franchise Tax

| 1. | Florida health maintenance organization credit (attach assessment notice) | 1. |
| :---: | :---: | :---: |
| 2. | Capital investment tax credit (attach certification letter) | 2. |
| 3. | Enterprise zone jobs credit (from Florida Form F-1156Z attached) | 3. |
| 4. | Community contribution tax credit (attach certification letter) | 4. |
| 5. | Enterprise zone property tax credit (from Florida Form F-1158Z attached) | 5. |
| 6. | Rural job tax credit (attach certification letter) | 6. |
| 7. | Urban high crime area job tax credit (attach certification letter) | 7. |
|  | Hazardous waste facility tax credit | 8. |
| 9. | Florida alternative minimum tax (AMT) credit | 9. |
| 10. | Contaminated site rehabilitation tax credit (attach tax credit certificate) | 10. |
| 11. | State housing tax credit (attach certification letter) | 11. |
| 12. | Florida Tax Credit: Scholarship Program Credits. (attach certificate) | 12. |
| 13. | Florida renewable energy production tax credit | 13. |
| 14. | New markets tax credit | 14. |
| 15. | Entertainment industry tax credit | 15. |
| 16 | Research and Development tax credit | 16. |
| 17 | Energy Economic Zone tax credit | 17. |
| 18 | Other credits (attach schedule) | 18. |
| 19 | Total credits against the tax (sum of Lines 1 through 18 not to exceed the Enter total credits on Page 1, Line 12 | 19. |

## Schedule R - Nonbusiness Income

## Line 1. Nonbusiness income (loss) allocated to Florida



Line 2. Nonbusiness income (loss) allocated elsewhere


## Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2
3. $\qquad$
(Enter here and on Schedule II, Line 7)

NAME GOODWILL INDUSTRIES-SUNCOAST, INC. $\qquad$ FEIN 59-0718492 ${ }^{\text {TAXABLE YeAR ENDING } \underline{06 / 30 / 20}}$ Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2019


NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax $\qquad$ 1. \$ $\qquad$
2. Less:
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date
2a. - \$
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b.- \$
(c) Total of Lines 2(a) and 2(b)
2c. \$
3. Unpaid balance (Line 1 less Line 2(c))
4. \$
5. Amount to be paid (Line 3 divided by number of remaining installments)
6. \$

## References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.
Form F-2220
Form F-7004

Underpayment of Estimated Tax on Florida Rule 12C-1.051, F.A.C. Corporate Income/Franchise Tax

Florida Tentative Income/Franchise Tax Return
Rule 12C-1.051, F.A.C. and Application for Extension of Time to File Return

| Form F-1156Z | Florida Enterprise Zone Jobs Credit Certificate of <br> Eligibility for Corporate Income Tax | Rule 12C-1.051, F.A.C. |
| :--- | :--- | :--- |
| Form F-1158Z | Enterprise Zone Property Tax Credit | Rule 12C-1.051, F.A.C. |
| Form F-1120N | Instructions for Corporate Income/Franchise Tax Return | Rule 12C-1.051, F.A.C. |
| Form F-1120ES | Declaration/Installment of Florida Estimated <br> Income/Franchise Tax | Rule 12C-1.051, F.A.C. |

FEIN 59-0718492
DATA Page 1 of 2

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# Goodwill Industries Suncoast, Inc. and Affiliates 

Consolidated Financial Report
June 30, 2021

## Contents

Independent auditor's report ..... 1-2
Financial statements
Consolidated statement of financial position ..... 3
Consolidated statement of activities ..... 4
Consolidated statement of functional expenses ..... 5
Consolidated statement of cash flows ..... 6
Notes to consolidated financial statements ..... 7-23
Supplementary information
Consolidating statement of financial position ..... 24
Consolidating statement of activities ..... 25
Consolidating statement of cash flows ..... 26

# Independent Auditor's Report 

Board of Directors and Audit Committee
Goodwill Industries - Suncoast, Inc. and Affiliates

## Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Goodwill Industries - Suncoast, Inc. and its affiliates (the Organization), which comprise the consolidated statement of financial position as of June 30, 2021, the related consolidated statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Goodwill Industries - Suncoast, Inc. and its affiliates as of June 30, 2021, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## THE POWER OF BEING UNDERSTOOD <br> AUDIT | TAX | CONSULTING

## Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.
The consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

## RSM US LLP

St. Petersburg, Florida
September 28, 2021

## Goodwill Industries - Suncoast, Inc. and Affiliates

Consolidated Statement of Financial Position
Year Ended June 30, 2021

| Assets |  |  |
| :---: | :---: | :---: |
| Cash and cash equivalents | \$ | 25,208,982 |
| Restricted cash |  | 1,817,490 |
|  |  | 27,026,472 |
| Accounts receivable - trade and other |  | 2,319,481 |
| Contributions receivable |  | 336,139 |
| Inventory - contributed goods |  | 1,882,785 |
| Inventory - new goods and supplies |  | 2,862,626 |
| Other assets |  | 2,560,408 |
| Investments |  | 8,698,013 |
| Investments designated for deferred compensation |  | 3,425,463 |
| Land, buildings and equipment, net |  | 86,482,739 |
| Construction in progress |  | 223,453 |
| Total assets | \$ | 135,817,579 |
| Liabilities and Net Assets |  |  |
| Liabilities: |  |  |
| Accounts payable - trade | \$ | 1,096,477 |
| Accrued payroll |  | 1,665,074 |
| Accrued expenses and other liabilities |  | 3,422,562 |
| Annuities payable |  | 225,498 |
| Deferred gift revenue |  | 150,941 |
| Deferred revenue - other |  | 35,931 |
| Deferred compensation payable |  | 3,425,463 |
| Fair value of interest rate swaps |  | 3,438,164 |
| Long-term debt, net of deferred financing costs of \$768,184 |  | 55,741,603 |
| Total liabilities |  | 69,201,713 |

Commitments and contingencies (Notes 11 and 14)

Net assets:

| Without donor restrictions | $57,853,624$ |
| :--- | ---: |
| With donor restrictions | $8,762,242$ |
| Total net assets | $66,615,866$ |
| Total liabilities and net assets | $\$ \quad 135,817,579$ |

See notes to consolidated financial statements.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Consolidated Statement of Activities

Year Ended June 30, 2021

|  | Without <br> Donor Restrictions |  | With <br> Donor Restrictions |  | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Public support and revenue: |  |  |  |  |  |
| Public support: |  |  |  |  |  |
| Contributions | \$ 923,754 | \$ | 208,895 | \$ | 1,132,649 |
| In-kind contributions of donated inventory | 19,114,344 |  | - |  | 19,114,344 |
| Total public support | 20,038,098 |  | 208,895 |  | 20,246,993 |
| Sales | 58,370,786 |  | - |  | 58,370,786 |
| Fees and grants from governmental agencies | 9,381,076 |  | - |  | 9,381,076 |
| Fees from clients and private sources | 3,138,636 |  | - |  | 3,138,636 |
| Investment income, net | 1,361,632 |  | 69,032 |  | 1,430,664 |
| Miscellaneous income | 328,259 |  | - |  | 328,259 |
| Net assets released from restrictions | 204,803 |  | $(204,803)$ |  | - |
| Total revenue | 72,785,192 |  | $(135,771)$ |  | 72,649,421 |
| Total public support and revenue | 92,823,290 |  | 73,124 |  | 92,896,414 |
| Expenses: |  |  |  |  |  |
| Program services: |  |  |  |  |  |
| Contributed goods production | 10,884,208 |  | - |  | 10,884,208 |
| Salvage | 463,379 |  | - |  | 463,379 |
| Contract | 906,367 |  | - |  | 906,367 |
| Stores | 43,021,787 |  | - |  | 43,021,787 |
| Solicitations and transportation | 4,013,076 |  | - |  | 4,013,076 |
| Cafeteria and dormitory | 5,600,756 |  | - |  | 5,600,756 |
| Housing | 2,966,265 |  | - |  | 2,966,265 |
| Rehabilitation | 1,891,092 |  | - |  | 1,891,092 |
|  | 69,746,930 |  | - |  | 69,746,930 |
| Management and general | 7,651,288 |  | - |  | 7,651,288 |
| Fundraising | 731,003 |  | - |  | 731,003 |
|  | 8,382,291 |  | - |  | 8,382,291 |
| Total expenses | 78,129,221 |  | - |  | 78,129,221 |
| Change in net assets before other changes | 14,694,069 |  | 73,124 |  | 14,767,193 |
| Other changes: |  |  |  |  |  |
| Change in value of split-interest agreements and annuities | - |  | $(63,809)$ |  | $(63,809)$ |
| Change in value of interest rate swaps | 2,347,337 |  | - |  | 2,347,337 |
|  | 2,347,337 |  | $(63,809)$ |  | 2,283,528 |
| Change in net assets | 17,041,406 |  | 9,315 |  | 17,050,721 |
| Net assets: |  |  |  |  |  |
| Beginning of year | 40,812,218 |  | 8,752,927 |  | 49,565,145 |
| End of year | \$ 57,853,624 | \$ | 8,762,242 | \$ | 66,615,866 |

See notes to consolidated financial statements.

Goodwill Industries - Suncoast, Inc. and Affiliates
Consolidated Statement of Functional Expenses
Year Ended June 30, 2021

|  | Program Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Supporting Services |  |  |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Contributed Goods Production |  | Salvage | Contract |  | Stores |  | Solicitations and Transportation |  | $\begin{aligned} & \hline \text { Cafeteria } \\ & \text { and } \\ & \text { Dormitory } \\ & \hline \end{aligned}$ |  | Housing |  | Rehabilitation |  | Total |  | $\begin{gathered} \hline \text { Management } \\ \text { and } \\ \text { General } \\ \hline \end{gathered}$ |  | Fundraising |  |  |  |
| Salaries | \$ | 7,147,069 | \$ | 139,022 | \$ | 722,994 | \$ | 7,562,627 | \$ | 1,553,893 | \$ | 2,935,892 | \$ | 991,385 | \$ | 821,070 | \$ | 21,873,952 | \$ | 4,841,467 | \$ | 369,059 | \$ | 27,084,478 |
| Payroll taxes and employee benefits |  | 1,293,320 |  | 82,059 |  | 96,965 |  | 1,460,005 |  | 341,739 |  | 464,431 |  | 199,120 |  | 505,620 |  | 4,443,259 |  | 733,566 |  | 83,475 |  | 5,260,300 |
|  |  | 8,440,389 |  | 221,081 |  | 819,959 |  | 9,022,632 |  | 1,895,632 |  | 3,400,323 |  | 1,190,505 |  | 1,326,690 |  | 26,317,211 |  | 5,575,033 |  | 452,534 |  | 32,344,778 |
| Professional fees and contract services |  | 12,577 |  | 1,170 |  | 46,340 |  | 881,733 |  | 66,495 |  | 94,151 |  | 118,360 |  | 113,338 |  | 1,334,164 |  | 437,932 |  | 86,495 |  | 1,858,591 |
| Cost of goods sold - purchased goods |  | - |  | - |  | - |  | 5,006,745 |  | - |  | - |  | - |  | - |  | 5,006,745 |  | - |  | - |  | 5,006,745 |
| Cost of goods sold - in-kind value of donated items |  | - |  | - |  | - |  | 18,374,598 |  | - |  | - |  | - |  | - |  | 18,374,598 |  | - |  | - |  | 18,374,598 |
| Supplies and printing |  | 8,925 |  | 20,113 |  | 7,577 |  | 1,348,457 |  | 112,849 |  | 1,119,928 |  | 45,431 |  | 107,670 |  | 2,770,950 |  | 410,421 |  | 59,179 |  | 3,240,550 |
| Telephone |  | 19,487 |  | 37 |  | 9,814 |  | 193,976 |  | 38,155 |  | 42,920 |  | 14,443 |  | 55,846 |  | 374,678 |  | 74,027 |  | 4,704 |  | 453,409 |
| Postage |  | 95 |  | 8,027 |  | 1 |  | 202,567 |  | 244 |  | 877 |  | 1,069 |  | 490 |  | 213,370 |  | 11,702 |  | 4,356 |  | 229,428 |
| Rent |  | 294,314 |  | 25,515 |  | - |  | 730,562 |  | 253,890 |  | - |  | - |  | 73,524 |  | 1,377,805 |  | 36,000 |  | - |  | 1,413,805 |
| Property and liability insurance |  | 144,773 |  | 3,846 |  | 13,589 |  | 497,441 |  | 56,397 |  | 272,940 |  | 193,251 |  | 60,243 |  | 1,242,480 |  | 130,887 |  | 11,410 |  | 1,384,777 |
| Interest |  | 464,592 |  | 166 |  | - |  | 1,699,221 |  | 909 |  | 1,712 |  | 224,406 |  | 16,481 |  | 2,407,487 |  | 43,274 |  | - |  | 2,450,761 |
| Utilities |  | 276,012 |  | 843 |  | - |  | 2,045,331 |  | 401,194 |  | 275,756 |  | 306,027 |  | 48,752 |  | 3,353,915 |  | 68,335 |  | 972 |  | 3,423,222 |
| Repairs and maintenance |  | 54,763 |  | 41,865 |  | 384 |  | 326,521 |  | 21,835 |  | 144,784 |  | 282,197 |  | 17,263 |  | 889,612 |  | 64,739 |  | 3,755 |  | 958,106 |
| Travel and agency vehicle costs |  | 65,817 |  | 67,879 |  | 4,038 |  | 101,717 |  | 920,139 |  | 48,724 |  | - |  | 6,986 |  | 1,215,300 |  | 108,584 |  | 9,909 |  | 1,333,793 |
| Conferences, conventions, meetings |  | - |  | - |  | - |  | 170 |  | - |  | - |  | 129 |  | 50 |  | 349 |  | 1,000 |  | 87,771 |  | 89,120 |
| Payments to national organizations |  | 150 |  | - |  | - |  | 1,021 |  | 550 |  | 5,241 |  | - |  | 8,139 |  | 15,101 |  | 179,408 |  | 7,247 |  | 201,756 |
| Miscellaneous |  | 8,362 |  | - |  | - |  | 74,763 |  | 3,638 |  | 7,301 |  | 9,372 |  | 13,283 |  | 116,719 |  | 26,459 |  | 2,231 |  | 145,409 |
| Functional expenses before depreciation |  | 9,790,256 |  | 390,542 |  | 901,702 |  | 40,507,455 |  | 3,771,927 |  | 5,414,657 |  | 2,385,190 |  | 1,848,755 |  | 65,010,484 |  | 7,167,801 |  | 730,563 |  | 72,908,848 |
| Depreciation |  | 1,093,952 |  | 72,837 |  | 4,665 |  | 2,514,332 |  | 241,149 |  | 186,099 |  | 581,075 |  | 42,337 |  | 4,736,446 |  | 483,487 |  | 440 |  | 5,220,373 |
| Total functional expenses | \$ | 10,884,208 | \$ | 463,379 | \$ | 906,367 | \$ | 43,021,787 | \$ | 4,013,076 | \$ | 5,600,756 | \$ | 2,966,265 | \$ | 1,891,092 | \$ | 69,746,930 | \$ | 7,651,288 | \$ | 731,003 | \$ | 78,129,221 |

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Consolidated Statement of Cash Flows

## Year Ended June 30, 2021

| Cash flows from operating activities: |  |  |
| :---: | :---: | :---: |
| Change in net assets | \$ | 17,050,721 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: |  |  |
| Depreciation |  | 5,220,373 |
| Amortization of deferred financing costs |  | 252,012 |
| Actuarial gain on annuity obligations |  | $(1,529)$ |
| Actuarial loss on deferred gifts |  | 65,338 |
| Net realized and unrealized gain on investments |  | $(1,350,436)$ |
| Change in fair value of interest rate swaps |  | $(2,347,337)$ |
| Gain on disposal of property |  | $(22,825)$ |
| (Increase) decrease in operating assets: |  |  |
| Accounts receivable - trade and other |  | $(243,874)$ |
| Contributions receivable |  | $(10,763)$ |
| Inventory - contributed goods |  | $(739,746)$ |
| Inventory - new goods and supplies |  | $(328,348)$ |
| Other assets |  | $(162,336)$ |
| Increase (decrease) in operating liabilities: |  |  |
| Accounts payable - trade |  | 495,742 |
| Accrued payroll |  | $(57,748)$ |
| Accrued expenses and other liabilities |  | 868,113 |
| Deferred revenue - other |  | $(9,456)$ |
| Net cash provided by operating activities |  | 18,677,901 |
| Cash flows from investing activities: |  |  |
| Purchases of land, buildings and equipment and construction in progress |  | $(990,563)$ |
| Proceeds from sales of equipment |  | 22,825 |
| Purchases of investments |  | $(502,315)$ |
| Proceeds from sales of investments |  | 64,077 |
| Net cash used in investing activities |  | $(1,405,976)$ |
| Cash flows from financing activities: |  |  |
| Payments on long-term debt |  | $(3,779,277)$ |
| Payments on annuity obligations |  | $(27,011)$ |
| Net cash used in financing activities |  | $(3,806,288)$ |
| Net increase in cash and cash equivalents and restricted cash |  | 13,465,637 |
| Cash and cash equivalents and restricted cash: |  |  |
| Beginning |  | 13,560,835 |
| Ending | \$ | 27,026,472 |
| Supplemental disclosures of cash flow information: |  |  |
| Cash payments for interest | \$ | 1,915,317 |
| Noncash investing and financing activities: |  |  |
| Construction in progress transferred to land, buildings, and land, building, and improvements | \$ | 313,656 |
| Change in value of deferred compensation investments | \$ | 564,781 |

See notes to consolidated financial statements.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies

Goodwill Industries - Suncoast, Inc. (Goodwill) and JobWorks, Inc. (JobWorks) are organized as not-forprofit, community-based organizations for the purpose of improving the quality of life for people with disabilities and other disadvantaging conditions. Goodwill and JobWorks provide independent living skills, affordable housing, work release programs, training and placement in useful employment, in addition to the refurbishing and sale of donated materials and new goods.

Additionally, Goodwill sponsors G.I.S. Housing, Inc.; G.I.S. Housing-Hillsborough, Inc.; G.I.S. Housing III, Inc.; G.I.S. Housing IV, Inc.; and G.I.S. Housing V, Inc. (G.I.S. Housing Projects) which provide housing for persons with disabilities and/or the elderly that is designed to meet their physical, social, and psychological needs. G.I.S. Housing Projects operate apartment complexes located throughout Florida under Section 202 of the National Housing Act or Section 202 of the National Housing Act as amended by Section 801 of the Cranston-Gonzales National Affordable Housing Act. G.I.S. Housing Projects are regulated by the U.S. Department of Housing and Urban Development (HUD) as to rent charges and operating methods. G.I.S. Housing Projects are also subject to either Project Rental Assistance Agreements with HUD or Section 8 Housing Assistance Payments Agreements with HUD, and a significant portion of G.I.S. Housing Projects rental income is received from HUD.

The following are the significant policies used in the preparation of the accompanying consolidated financial statements:

Principles of consolidation: The accompanying consolidated financial statements include the accounts of Goodwill, JobWorks, and G.I.S. Housing Projects (collectively, the Organization), which are not-forprofit corporations. The entities comprising the Organization are related through a controlling financial interest and Goodwill's direct and indirect ability to determine the direction of management. All significant intercompany accounts and transactions have been eliminated in the consolidation.

Basis of accounting: The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), whereby revenue is recognized when earned and expenses are recognized when incurred.

Basis of presentation: A not-for-profit organization is required to report information regarding its financial position and activities according to two classes of net assets: without donor restrictions and with donor restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net assets without donor restrictions: Contributions and other inflows of assets that are not subject to donor imposed stipulations, but may be designated for specific purposes by action of the Board of Directors (Board). Net assets without donor restrictions include expendable funds available to support operations as well as net assets invested in property and equipment.

Net assets with donor restrictions: Contributions and other inflows of assets subject to donor imposed stipulations that may or will be met by actions of the Organization or the passage of time or are permanently maintained by the Organization. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are released to net assets without donor restrictions and reported in the accompanying consolidated statement of activities as net assets released from restrictions.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Use of estimates: The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the consolidated financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ from those estimates.

Cash equivalents: The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. Money market funds included in the Organization's investment portfolio are invested for long-term purposes and excluded from cash and cash equivalents.

Restricted cash: Restricted cash includes security deposits held, replacement reserves and residual receipt accounts required by HUD. Restricted cash is included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the consolidated statement of cash flows.

Accounts receivable: Accounts receivable are stated at cost less an allowance for doubtful accounts. Management's determination of the allowance is based on an evaluation of past collection history. All accounts receivable at the statement of financial position date are considered collectible by management, and no allowance for uncollectible accounts has been provided as of June 30, 2021.

Revenue recognition: The Organization applies Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606) and ASU 2018-08, Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. The Organization first determines if a transaction represents an exchange transaction and if so, accounts for the transaction under Topic 606, which provides a five-step model for recognizing revenue from contracts with customers as follows:

- Identify the contract with a customer
- Identify the performance obligations in the contract
- Determine the transaction price
- Allocate the transaction price to the performance obligations in the contract
- Recognize revenue when or as performance obligations are satisfied.

The Organization's revenue from contracts with customers consists of store sales, salvage sales, and ecommerce sales. The Organization's contracts have a single performance obligation. The transaction price is the amount of consideration to which the Organization expects to be entitled in exchange for transferring goods to the customer. Revenue is recorded based on transaction price, which is a fixed consideration. The Organization recognizes revenue at a point in time when control of the goods is passed to the customer, which typically occurs at point of sale and is also when customer payment is collected. Ecommerce sales are recognized upon shipment of merchandise.

Fees and grants from governmental agencies and fees from clients and private sources, that are determined to be exchange transactions and within the scope of Topic 606, are earned based on agreed rates for services provided or, in the case of government grants, reimbursed based on allowable costs expended for program services.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

The Organization performs an evaluation at contract inception focused on whether a performance obligation is satisfied over time or at a point in time. If a performance obligation meeting certain specific criteria, the related revenue is recognized over time as the customer consumes and receives the benefit of the Organization's services as they are performed. If certain criteria is not met, the revenue is recognized at a point in time.

Fees and grants from governmental agencies consist of services with government agencies through programs legislated to provide training and employment opportunities for incarcerated individuals released from prison on work release programs, individuals with disabilities and other individuals seeking work opportunities. Additionally, fees and grants from governmental agencies include housing assistance payments from HUD for residents residing at the G.I.S. Housing Projects. There are no prepayments by the government for services. The Organization's fees and grants from governmental agencies are billed and recognized at the time the service is provided.

Fees from clients and private sources are fees paid by clients for housing and related services and training and employment search services. Additionally, fees from clients and private sources include temporary employment services for various third-party corporations within the Tampa Bay area.
Temporary employment services include variable consideration based on number of hours worked. The Organization determined the invoice amount for training and staffing services corresponds directly with the value to the customer of the Organization's performance completed date and therefore applied the "right to invoice" practical expedient for revenue recognition.

Total revenue recognized at point in time and over time was as follows for the year ended June 30, 2021:

Revenue recognized at a point in time
Revenue recognized over time

| $\$$ | $57,619,387$ |
| :---: | ---: |
|  | $9,953,890$ |
| $\$$ | $67,573,277$ |

The revenue streams noted above do not include housing assistance payments from HUD for residents residing at the G.I.S. Housing Projects and do not include significant financing components as the performance obligations are typically satisfied with a year of receipt of payment. Economic downturns can affect the level of revenue for all the revenue streams or can have a positive impact on cash flows in good economic times.

Public support: Revenue recognition on contracts and grants deemed to be non-exchange transactions follow Topic 958.Unconditional contributions received, including promises to give, cash, other assets, and grants and contracts deemed to be non-exchange transactions, are recorded as support to net assets with or without donor restrictions, at estimated fair value, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and are reported in the consolidated statement of activities as net assets released from restrictions. Conditional contributions are those contributions that certain donor imposed rights of refund/return and barriers (performance obligations and/or controlling stipulations). Conditional contributions are recognized into revenue when conditions are satisfied and then follow the above policies for unconditional contributions. Conditional contributions received in advance of satisfying conditions are recorded as deferred revenue. Donor-restricted contributions for which restrictions are met within the same year as received are reported as net assets without donor restrictions.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Inventory, contributed goods, and supplies: Numerous noncash contributions are received, such as articles of clothing, furnishings, appliances and other items, which have a nominal value upon receipt. These items are sorted, and those that can be renovated or reconditioned are processed by Organization employees and converted to salable merchandise. Donated merchandise is recorded as in-kind contribution revenue and an increase in cost of goods sold - in-kind value of donated items at estimated fair value and is calculated as the excess of retail sales value over the cost of goods sold. Cost of goods sold consists of all direct retail expenses (store expenses, processing, transportation and retail management) and a portion of occupancy costs and depreciation. The items that cannot be renovated or reconditioned are sold as salvage. The value of donated inventory is estimated based on actual sales and inventory turnover.

Inventory of new goods and supplies is stated at lower of cost or net realizable value, as determined by the average cost method.

Other assets: Other assets primarily include prepaid expenses and security deposits for various utilities, landlords, and insurance policies. Additionally, the Organization participates in a group insurance captive (captive) to insure a portion of its workers compensation insurance liabilities. Included in other assets on the consolidated statement of financial position is a deposit held by the captive. The deposit totaled approximately $\$ 1.04$ million at June 30, 2021. The deposit is required as security to meet the surplus needs of the captive and are not available for use in the Organization's operations.

Fair value: The Organization measures investments, interest rate swaps, annuities payables, and deferred gift revenue at fair value on a recurring basis. The Organization follows accounting guidance, which defines fair value and specifies a hierarchy of valuation techniques used to measure fair value. The disclosure of fair value estimates is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs.

The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

Level 1: Unadjusted quoted market prices for identical assets or liabilities in active markets which are accessible by the Organization.

Level 2: Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.

Level 3: Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Organization evaluates the various types of financial assets and liabilities to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs. The Organization employs control processes to validate the reasonableness of the fair value estimates of its assets and liabilities, including those estimates based on prices and quotes obtained from independent third-party sources.

While the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies and assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the report date.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

During the year ended June 30, 2021, there were no changes to the Organization's valuation techniques that had, or are expected to have, a material impact on its consolidated statements of financial position or activities and change in net assets.

Investments: Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their estimated fair values in the consolidated statement of financial position. Investment income is reported in the consolidated statement of activities and consists of interest and dividend income and realized and unrealized gains and losses, less external investment expenses.

Contributed services: No amounts have been reflected in the accompanying consolidated financial statements for donated services as they do not meet the criteria for recording contributed services. The Organization pays for most services requiring specific expertise; however, many individuals volunteer or complete community service hours by performing a variety of tasks that assist the Organization. Tasks range from fiduciary responsibilities of the volunteer board of directors to facility maintenance tasks performed by community service workers.

Land, buildings and equipment: Land, buildings and equipment are recorded at cost and depreciated using the straight-line method over estimated useful lives as follows:

|  | Years |
| :--- | :---: |
| Buildings | $20-40$ |
| Building and leasehold improvements | $7-35$ |
| Equipment | $3-7$ |

Leasehold improvements are depreciated over the shorter of the lease term or the estimated useful life. Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred. Upon retirement, sale, or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included within the consolidated statement of activities.

Construction in progress is not depreciated until placed into service.

Impairment of long-lived assets: The Organization evaluates the recoverability of its land and buildings whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management believes no indication of impairment existed at June 30, 2021.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

Interest-rate swaps: The Organization uses interest-rate swaps to mitigate interest-rate risk on long-term debt. The related liability or asset is reported at fair value in the consolidated statement of financial position, and unrealized gains or losses are included in the consolidated statement of activities.

An interest rate swap is a contractual agreement entered into by two counterparties under which each agrees to make periodic payments to the other for an agreed period of time based upon a notional amount of principal. In accordance with the interest rate swap agreements, a series of fixed interest rate payments on a notional amount of principal are exchanged for a series of floating interest rate payments on such notional amount.

Functional allocation of expenses: Costs of provided services have been detailed on a functional basis in the accompanying consolidated statements of activities and functional expenses. Expenses that can be identified with a specific program or support service are charged directly to the function. Certain other costs have been allocated among program and supporting services benefited. Such allocations are determined by management on an equitable basis that is consistently applied.

The expenses that are allocated include the following:

| Expense | Method of Allocation |
| :--- | ---: |
|  |  |
| Salaries | Time and effort |
| Payroll taxes and employee benefits | Time and effort |
| Cost of goods sold - purchased goods | Direct costs |
| Cost of goods sold - in-kind value of donated items | Direct costs |
| Professional fees and contract services | Direct costs |
| Supplies and printing | Direct costs |
| Telephone | Direct costs |
| Postage | Direct costs |
| Rent | Square footage |
| Property and liability insurance | Square footage |
| Interest | Square footage |
| Utilities | Square footage |
| Repairs and maintenance | Square footage |
| Travel and agency vehicle costs | Direct costs |
| Conferences, conventions, meetings | Direct costs |
| Payments to national organizations | Direct costs |
| Miscellaneous | Direct costs |
| Depreciation | Square footage |

Advertising expenses: Advertising costs are expensed as incurred. Total advertising costs approximated \$154,000 for the year ended June 30, 2021.

Income taxes: Goodwill Industries - Suncoast, Inc., JobWorks, Inc., G.I.S. Housing, Inc.; G.I.S. HousingHillsborough, Inc.; G.I.S. Housing III, Inc.; G.I.S. Housing IV, Inc.; and G.I.S. Housing V, Inc. are recognized by the Internal Revenue Service (IRS) as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. Income earned in furtherance of these entities' tax-exempt purpose is exempt from federal and state income taxes.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 1. Nature of Organization and Significant Accounting Policies (Continued)

The Organization has adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under this policy, the Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated the Organization's tax position and had concluded that the Organization has taken no uncertain tax positions that require disclosure.

The Organization would be liable for income taxes in the U.S. federal jurisdiction. Generally, the Organization is no longer subject to U.S. federal tax examinations by tax authorities before 2018.

Recent accounting pronouncements: In September 2020, the FASB issued ASU 2020-07, Not-forProfit Entities (Topic 958): Presentation and Disclosure by Not-for-Profit Entities for Contributed Nonfinancial Assets. This ASU is intended to improve transparency in the reporting of contributed nonfinancial assets, also known as gifts-in-kind, for not-for-profit entities. The ASU will require a not-forprofit organization to present contributed nonfinancial assets as a separate line item in the consolidated statement of activities apart from contributions of cash or other financial assets. The ASU will also require enhanced disclosure, including disaggregation of nonfinancial assets recognized by category and qualitative information about each category. The amendments in this ASU will be applied on a retrospective basis and are effective for annual reporting periods beginning after June 15, 2021, and interim periods beginning after June 15, 2022. Early adoption is permitted. The Organization is currently evaluating the impact this ASU will have in the consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, Leases (Topic 842), which sets out the principles for the recognition, measurement, presentation and disclosure of leases for both parties to a contract (i.e., lessees and lessors). The new standard requires lessees to apply a dual approach, classifying leases as either finance or operating leases based on the principal of whether or not the lease is effectively a financed purchase by the lessee. This classification will determine whether lease expense is recognized based on an effective interest method or on a straight-line basis over the term of the lease, respectively. A lessee is also required to record a right-of-use asset and a lease liability for all leases with a term of greater than 12 months regardless of their classification. Leases with a term of 12 months or less will be accounted for similar to existing guidance for operating leases today. The new standard requires lessors to account for leases using an approach that is substantially equivalent to existing guidance for sales type leases, direct financing leases and operating leases. The standard is effective for annual periods beginning after December 15, 2021, with early adoption permitted. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative periods presented in the consolidated financial statements, with certain practical expedients available. The Organization is in the process of evaluating the impact of this new guidance.

Subsequent events: Management has evaluated all events subsequent to the consolidated statement of financial position date of June 30, 2021 through September 28, 2021, which is the date the consolidated financial statements were available to be issued. There were no subsequent events, other than as disclosed in Note 9, that would require adjustment to or disclosure in the accompanying consolidated financial statements.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 2. Availability and Liquidity

The following represents the Organization's financial assets at June 30, 2021:

## Financial assets at year-end:

Cash and cash equivalents

| $\$$ | $25,208,982$ |
| ---: | ---: |
| $2,319,481$ |  |
| 336,139 |  |
| $8,698,013$ |  |
|  | $36,562,615$ |
|  | $(8,762,242)$ |
|  |  |
| $\$ \quad 27,800,373$ |  |

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts, fixed income collective funds and equity collective funds.

## Note 3. Contributions Receivable

Contributions receivable consist of unconditional promises related to anticipated estate distributions with no restricted purpose. These estate receivables are recorded upon the Organization's interest becoming irrevocable and measurable. Contributions receivable totaled approximately $\$ 336,000$ at June 30, 2021. As of June 30, 2021, the Organization considers these receivables to be fully collectible.

## Note 4. Annuities and Other Split-Interest Agreements

Annuities: The Organization offers gift annuity agreements to donors. Under the agreements, the donor pays a stipulated amount to the Organization in return for specified periodic payments for life. The present value of the periodic payments, based on the expected life of the donor, is recorded as a liability and the balance is recognized as revenue at the time of the donation. The liability for annuities payable is recorded at fair value and adjusted annually based on changes in the life expectancies of the donors and the discount rate published by the IRS. The approximate discount rate used in computing the present value was $1.2 \%$ as of June 30, 2021.

The present value of the future amounts expected to be paid out to the donors as of June 30, 2021, was approximately $\$ 225,000$.

Annuity assets are recorded at their estimated fair value of approximately $\$ 491,000$ at June 30, 2021, and are included in investments in the consolidated statement of financial position.

State law requires the Organization to maintain assets at least equal to the balance on its outstanding gift annuities payable, calculated in accordance with the Internal Revenue Code, and a surplus of $10 \%$ of such reserves. At June 30, 2021, the Organization was in compliance with this requirement.

Other split-interest agreements: The Organization also offers pooled income fund agreements to donors which is a type of split-interest agreement. A pooled income fund is a trust for which the Organization is trustee. These trusts pool the contributions of many donors and invest those gifts as a group.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 4. Annuities and Other Split-Interest Agreements (Continued)

Donors are assigned a specific number of units in the pooled income fund based on the proportion of the fair value of their contributions to the total fair value of the pooled income fund on the date of the donor's entry to the pooled fund. Until the donor's death, the donor is paid the income earned on their assigned units. Upon the donor's death, the value of the assigned units reverts to the Organization.

The contributed assets are recorded at estimated fair value when received, discounted for the estimated time period until the donor's death.

The difference between the fair value of the assets when received and the revenue recognized is recorded as deferred gift revenue, representing the amount of the discount for future interest owed to the donor.

Deferred gift revenue is recorded at fair value and adjusted annually based on changes in the life expectancies of the donors and the discount rate published by the IRS. The approximate discount rate used in computing the deferred gift revenue was $1.2 \%$ as of June 30, 2021. Deferred gift revenue was approximately $\$ 151,000$ at June 30, 2021 in the consolidated statement of financial condition.

Pooled income fund assets are recorded at their estimated fair value of approximately $\$ 533,000$ at June 30, 2021, and are included in investments in the consolidated statement of financial position.

## Note 5. Investments

Investments, including investments designated for deferred compensation, are summarized as follows at June 30, 2021:

| Money market funds | \$ | 365,736 |
| :---: | :---: | :---: |
| Fixed income collective funds |  | 4,943,152 |
| Equity collective funds |  | 6,814,588 |
|  | \$ | 12,123,476 |
| Investment income consists of the following for the year ended June 30, 2021: |  |  |
| Interest and dividends | \$ | 113,490 |
| Realized and unrealized gains |  | 1,350,436 |
| Expenses |  | $(33,262)$ |
|  | \$ | 1,430,664 |

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 6. Fair Value

A review of fair value hierarchy classifications is conducted on an annual basis. The following table provides information about the Organization's financial instruments measured on a recurring basis as of June 30, 2021

|  | Fair Value Measurements Using: |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Estimated <br> Fair Value | Quoted Prices in Active Markets (Level 1) | $\begin{gathered} \hline \text { Significant } \\ \text { Other } \\ \text { Observable } \\ \text { Inputs } \\ \text { (Level 2) } \\ \hline \end{gathered}$ | Significant Unobserved Inputs (Level 3) |
| Financial assets: |  |  |  |  |
| Investments: |  |  |  |  |
| Money market funds | \$ 365,736 | \$ 365,736 | \$ | \$ |
| Fixed income collective funds | 4,943,152 | 4,943,152 | - |  |
| Equity collective funds | 6,814,588 | 6,814,588 |  |  |
| Total investments | \$12,123,476 | \$12,123,476 | \$ | \$ |
| Financial liabilities: |  |  |  |  |
| Interest rate swaps | \$ 3,438,164 | \$ | \$ 3,438,164 | \$ |
| Annuities payable | 225,498 | - | 225,498 | - |
| Deferred gift revenue | 150,941 | - | 150,941 | - |
| Deferred compensation payable | 3,425,463 | - | 3,425,463 | - |
| Financial assets classified as Level 1 in the fair value hierarchy include money market funds, fixed income collective funds, equity collective funds which are measured at fair value based on quoted market prices in an active market. The interest rate swaps classified as Level 2 are valued by the lending bank based on proprietary models using observable market inputs. The annuities payables and deferred gift revenues classified as Level 2 are valued based on IRS published discount rates and life expectancy tables using observable inputs. The deferred compensation payable, classified as level 2 , is valued based on the related underlying value of the investments. |  |  |  |  |

## Note 7. Land, Buildings and Equipment

The following is a summary of land, buildings and equipment as of June 30, 2021:

| Land and improvements | $\$ 44,011,401$ |
| :--- | ---: |
| Buildings and improvements | $85,303,759$ |
| Equipment | $28,224,862$ |
|  | $157,540,022$ |
| Less accumulated depreciation | $(71,057,283)$ |

## Note 8. Construction in Progress

Construction in progress consists of renovations to existing facilities and totaled approximately $\$ 223,000$ at June 30, 2021. There are no material construction commitments at June 30, 2021. There was no interest capitalized during the year ended June 30, 2021.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 9. Benefit Plans

The Organization has a 403(b) salary reduction deferred contribution plan (the Plan) for the benefit of its employees. Employees are eligible to participate in the Plan immediately upon hire date provided they are at least 18 years of age. Participants are eligible to receive matching contributions provided they have completed one year of service, with a minimum of 1,000 hours of service worked in that year.

During 2021, the Plan was amended to change the match formula from a fixed formula to a discretionary formula. Prior to the Plan amendment, the Organization funded a matching contribution equal to $100 \%$ of the first $3 \%$ of participants' elective deferrals, and $50 \%$ of the next $2 \%$ of participants' elective deferrals contributed to the Plan. Effective July 1, 2021, the Organization reinstated the discretionary matching equal to $100 \%$ of the first $4 \%$ of participants' elective and catch up deferrals contributed to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

All participant contributions are immediately fully vested and nonforfeitable, while vesting in employer contributions is based on years of service. A participant is $100 \%$ vested after five years of service. The Organization did not make a discretionary matching contributions for the year ended June 30, 2021.

The Organization has deferred compensation agreements with key employees under Sections 457(b) and 457(f) of the Internal Revenue Code. The Organization holds investments which are designated as held to fund its obligation under the agreements. The Organization's contributions under the deferred compensation plans totaled approximately $\$ 49,000$ for the year ended June 30, 2021. The deferred compensation liability and corresponding investments designated for deferred compensation totaled approximately $\$ 3,425,000$ at June 30, 2021.

The Organization provides severance benefits through a welfare benefit plan governed by the Employee Retirement Income Security Act of 1974, as amended to provide financial assistance to certain employees whose termination from the Organization meets certain conditions. The Organization has the sole discretion to determine eligibility under the welfare benefit plan. Total amounts estimated to be paid out under the welfare benefit plan as of June 30, 2021, are approximately $\$ 269,000$, and are included in accrued payroll in the consolidated statement of financial position.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 10. Long-Term Debt

Long-term debt consists of the following at June 30, 2021:

## Goodwill Industries-Suncoast, Inc.: <br> Hillsborough Loan 1

Payable in monthly installments of varying amounts. Interest at a tax-exempt variable rate; collateralized by the Gandy, Hillsborough, and Plant City properties and the mortgages on the three Superstore sites in Lakeland, Ocala and Brandon. Hillsborough Loan 1 was paid off in 2021.

## Hernando Loan

Payable in monthly installments of varying amounts. Interest at a tax-exempt variable rate (1.70\% as of June 30, 2021); collateralized by the Pinellas, Polk, Hillsborough, Hernando, Pasco and Marion County properties.

## Sumter Loan

Payable in monthly installments of varying amounts. Interest at a tax-exempt variable rate (1.54\% as of June 30, 2021); collateralized by Trinity, Wildwood
and Clearwater properties.

## Hillsborough Loan 2

Payable in monthly installments of varying amounts. Interest at a tax-exempt variable rate (1.54\% as of June 30, 2021); collateralized by 34th Street Store, Crosstown HUB, Crosstown retail store and Big Bend Super Store.

Less unamortized deferred financing costs

## G.I.S. Housing Projects:

Mortgage payable to HUD, bearing interest at $7.625 \%$, and due in $\$ 20,735$ monthly payments including principal and interest, maturing October 1, 2020; secured by mortgage on property owned by G.I.S. Housing, Inc. The mortgage payable was paid off in 2021.

Mortgage payable to HUD, bearing interest at $9 \%$, and due in $\$ 15,797$ monthly payments including principal and interest, maturing March 1, 2030; secured by mortgage on property owned by G.I.S. Housing-Hillsborough, Inc.

Mortgage payable to HUD, bearing interest at $8.375 \%$, and due in $\$ 16,758$ monthly payments including principal and interest, maturing July 1, 2031; secured by mortgage on property owned by G.I.S. Housing III, Inc.

10,138,239

32,559,350
53,998,422
$(768,184)$
53,230,238
11,300,833

|  | $1,366,187$ |
| ---: | ---: |
|  | $2,511,365$ |
| $\$ \quad 55,741,603$ |  |

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 10. Long-Term Debt (Continued)

Hillsborough Loan 1: In November 2001, the Organization received proceeds (Hillsborough Loan 1) from the issuance of Hillsborough County Industrial Development Revenue Bonds (Hillsborough Bonds 1) Series 2001 in the amount of $\$ 18$ million to undertake various construction projects. The Hillsborough Bonds 1 had a scheduled maturity date of November 1, 2021.

In February 2010, the Organization converted the Hillsborough Bonds to a tax-exempt bank qualified loan with SunTrust Bank. Hillsborough Loan 1 accrued interest at an annual rate equal to $81.43 \%$ of the sum of one-month LIBOR plus $2.25 \%$, no other terms of the agreement were amended. Hillsborough Loan 1 was paid off during the year ended June 30, 2021.

Hernando Loan: In November 2008, the Organization received proceeds (Hernando Loan) from the issuance of Hernando County Industrial Development Variable Rate Revenue Bonds (Hernando Bonds) Series 2008 in the amount of $\$ 28.5$ million to undertake various construction projects. The Hernando Bonds have a scheduled maturity date of December 1, 2030.

The Organization converted the Hernando Bonds to a tax-exempt bank qualified loan with SunTrust Bank. Hernando Loan bears interest at an annual rate equal to $81.43 \%$ of the sum of one-month LIBOR plus 2.00\%.

SunTrust Bank has the right to put the Hernando Loan to the Organization on December 1, 2022. If SunTrust Bank elects to exercise the put option, the Organization would be required to make principal payments totaling approximately $\$ 9.9$ million.

Sumter Loan: In August 2015, the Organization received proceeds from the issuance of Sumter County Industrial Development Note, Series 2015 (Sumter Loan) in the amount of $\$ 13$ million to acquire a Goodwill store located in Wildwood, Florida, as well as to provide financing for various construction projects. The Sumter Loan has a schedule maturity date of August 1, 2035. Sumter Loan bears interest at an annual rate equal to $81.43 \%$ of the sum of one-month LIBOR plus $1.80 \%$.

The lender has the right to put the Sumter Loan to the Organization on September 1, 2025. If SunTrust Bank elects to exercise the put option, the Organization would be required to make principal payments totaling approximately $\$ 7.6$ million.

Hillsborough Loan 2: In December 2017, the Organization received proceeds (Hillsborough Loan 2) from the issuance of Hillsborough County Industrial Development Notes (Hillsborough Bonds 2) Series 2017 in the amount of $\$ 35$ million.

Hillsborough Loan 2 bears interest at an annual rate equal to $81.43 \%$ of the sum of one-month LIBOR plus $1.80 \%$. The loan proceeds were used to finance a portion of the 34th Street Store, Crosstown HUB, Crosstown Retail Store, and the Big Bend Super Store. Hillsborough Loan 2 has a scheduled maturity date of January 4, 2044.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 10. Long-Term Debt (Continued)

Principal payments due on long-term debt for the next five years and thereafter are as follows as of June 30, 2021

Years ending June 30:

| 2022 | $\$ \quad 2,763,455$ |
| :--- | ---: | ---: |
| 2023 | $2,884,575$ |
| 2024 | $3,011,561$ |
| 2025 | $3,146,854$ |
| 2026 | $3,290,827$ |
| Thereafter | $41,412,515$ |
|  | $\$ \quad 56,509,787$ |

The carrying value of secured assets (land, buildings and equipment) was approximately \$78,600,000 at June 30, 2021.

At June 30, 2021, the Organization was in compliance with all financial debt covenants.
Interest-rate swaps: The Organization has various interest-rate swap (Swap) agreements with SunTrust that effectively change the Organization's interest rate exposure on its long-term debt to various fixed interest rates. Below is a summary of the Organization's interest-rate swap agreements as of June 30, 2021:

|  | Current <br> Notional <br> Amount |  | Rate | Maturity <br> Date | Fair Value - <br> Asset <br> (Liability) |
| :--- | ---: | :---: | ---: | ---: | ---: |
| Swap 1 | $\$ 6,000,000$ | $3.8175 \%$ | $01 / 01 / 2028$ | $\$(1,038,061)$ |  |
| Swap 2 | $11,722,500$ | $3.7800 \%$ | $12 / 01 / 2022$ | $(336,599)$ |  |
| Swap 3 | $10,142,559$ | $3.6600 \%$ | $08 / 01 / 2035$ | $(531,882)$ |  |
| Swap 4 | $26,145,604$ | $1.8140 \%$ | $12 / 01 / 2027$ | $(1,531,622)$ |  |
|  | $\$ 54,010,663$ |  |  | $\underline{\$(3,438,164)}$ |  |

Interest-Rate Swap 3 matures on August 1, 2035, however, the Organization has the right to cancel the agreement beginning August 1, 2025. During the year ended June 30, 2021, the change in fair value of the liability under the interest-rate swap agreements resulted in a gain of $\$ 2,347,337$, which has been reflected as a change in the fair value of interest-rate swaps in the consolidated statement of activities.

Deferred financing costs: The Organization incurred no deferred financing costs during the year ended June 30, 2021. The components of deferred financing costs are as follows at June 30, 2021:


Amortization of deferred financing costs is included with interest expense in the accompanying consolidated statement of activities and totaled approximately $\$ 252,000$ for the year ended June 30, 2021.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 11. Lease Commitments

The Organization rents retail store outlets, branch facilities, and equipment on a month-to-month basis and under operating lease agreements with original terms of one to 12 years.

Minimum rental commitments for future periods under noncancelable operating leases are as follows:

| Years ending June 30: |  |  |
| :--- | ---: | ---: |
| 2022 | $1,262,271$ |  |
| 2023 | $1,148,187$ |  |
| 2024 | $1,131,339$ |  |
| 2025 | 922,563 |  |
| 2026 | 652,292 |  |
| Thereafter | $1,331,089$ |  |
|  |  | $\$, 447,741$ |

Rent expense was approximately \$1.4 million for the year ended June 30, 2021.

## Note 12. Related-Party Transactions

Goodwill provides the G.I.S. Housing Projects with management services in accordance with HUDapproved contract fees based upon the monthly occupied number of units, times the particular project's rate and/or gross rental collections.

Management fees earned by Goodwill for the individual projects were as follows for the fiscal year ended June 30:

| G.I.S. Housing, Inc. | 51,222 |
| :--- | ---: | ---: |
| G.I.S. Housing - Hillsborough, Inc. | 24,108 |
| G.I.S. Housing III, Inc. | 23,908 |
| G.I.S. Housing IV, Inc. | 29,740 |
| G.I.S. Housing V, Inc. | 54,010 |
|  | $\$ 182,988$ |

All management fees were eliminated in consolidation.
Intercompany accounts receivable is comprised of operating costs including payroll, management fees, and other expenses incurred by the Organization on behalf of various G.I.S. Housing Projects and JobWorks. Intercompany notes receivable due from affiliates are comprised of residual receipt notes between the Organization and the projects. A residual receipt note is created when costs to open a project exceed what HUD will pay based on its cost certification and the Organization pays the excess costs on behalf of the project. Repayment of the notes must be authorized by HUD upon the existence of sufficient project residuals. Management expects these notes to be ultimately collectible. All intercompany receivables and payables are eliminated in consolidation.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Notes to Consolidated Financial Statements

## Note 13. Concentrations of Credit Risk

Financial instruments that potentially subject the Organization to significant concentrations of credit risk consist principally of cash, restricted cash, investments, and trade accounts receivable.

Cash and cash equivalents and restricted cash: The Organization maintains cash balances in excess of the Federal Deposit Insurance Corporation limit of $\$ 250,000$. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant credit risk on cash and cash equivalents.

Investments: Certain investment balances are insured by the Securities Investor Protection Corporation up to $\$ 500,000$. The Organization performs periodic evaluations of the relative credit standing of these financial institutions, which are considered in the Organization's investment strategy. The Organization invests in money market funds, fixed income collective funds and equity collective funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainly related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investments balances and the amounts reported in the consolidated financial statements.

Trade accounts receivable: Concentrations of credit risk with respect to trade accounts receivable are considered minimal, as the majority of the amounts relate to grants from federal and state government agencies.

## Note 14. Contingencies

Litigation: Various suits and claims arising in the ordinary course of the Organization's operations are pending. While the ultimate effect of such litigation cannot be ascertained at this time, management expects no material losses to be incurred in excess of insured limits.

Grantors: Certain expenditures incurred by the Organization are subject to audit and possible disallowance by federal and state agencies. Management believes that, if audited, an adjustment for disallowed expenses would be immaterial.

COVID-19: On January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The U.S. economy has been growing as COVID-19 pandemic conditions have significantly improved in the United States from their low points. Commercial activities in the United States have been increasingly returning to pre-pandemic practices and operations as a result of recent and expected future government spending on pandemic relief, infrastructure and other matters.

However, there remains uncertainty as to the ultimate duration and severity of the pandemic on commercial activities, supply chain constraints and labor availability, including risks that may arise from variants (such as the Delta variant), mutations or related strains of the virus and the ability of countries to successfully administer vaccinations to a sufficient number of persons. As a result of these uncertainties, the Organization is unable to determine what the ultimate impact will be on its donors, customers, vendors and other stakeholders businesses, operations, financial results and financial position.

With the lifting of the Governor's closure order, retail operations were reopened on a staggered basis in May 2020 on a reduced hours basis that continued throughout fiscal year 2021. The decision was made to permanently end all Life Skills programs and furloughed employees were sparingly and strategically returned on an operationally needed only basis. In addition, approximately 60 attendant donation trailers were permanently closed and those donors were successfully redirected to donate at the Organization's stores in 2021.

## Goodwill Industries - Suncoast, Inc. and Affiliates

Notes to Consolidated Financial Statements

## Note 15. Net Assets With Donor Restrictions

Net assets with donor restrictions are purpose and time-restricted as follows at June 30, 2021:

| Annuity contracts | 265,491 |
| :--- | ---: | ---: |
| Split interest agreements | 381,912 |
| Contributions receivable | 336,139 |
| Section 202 Capital Advance Program - G.I.S. Housing IV, Inc. and |  |
| G.I.S. Housing V, Inc. | $\mathbf{7 , 7 7 8 , 7 0 0}$ |
|  | $8,762,242$ |

As of June 30, 2021, $\$ 3,443,000$ and $\$ 4,335,500$ was drawn under the Section 202 Capital Advance Program by G.I.S. Housing IV, Inc. and G.I.S. Housing V, Inc., respectively. G.I.S. Housing IV, Inc.'s capital advances are subject to a mortgage note originated February 24, 1993, which matures December 24, 2033. G.I.S. Housing V, Inc.'s capital advances are subject to a mortgage note originated March 22, 1994, which matures March 17, 2034. The notes bear no interest and repayment is not required as long as the respective G.I.S. Housing Project continues to make the housing available for low income elderly for at least 40 years, the term of the notes. In the event of default under the terms of the mortgage note, the note bears interest at $8.375 \%$ and is payable on demand.

Management performed an evaluation of the capital advance in accordance with applicable accounting guidance for contributions received as now codified in FASB Accounting Standards Codification (ASC) Topic 958-605 at the time of origination, which provided for a probability or likelihood assessment related to conditions associated with a contribution. At origination, management concluded that the probability was remote that the capital advance program's conditions would not be met, and recognized the advance as restricted contribution revenue in the period received. The capital advances are accounted for as net assets with donor restrictions in the consolidated statement of financial position as of June 30, 2021

## Note 16. Conditional Promises to Give from Donors

The Organization has conditional promises to give from donors of approximately \$412,000 as of June 30, 2021. Future payments or recognition of conditional promises to give are contingent upon the Organization carrying out certain stipulations of the grant or contract.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Consolidating Statement of Financial Position

June 30, 2021


## Liabilities and Net Assets

Liabilities:
Accounts payable - trade
Accounts payable - affiliates
Accrued payroll
Accrued expenses and other liabilities
Annuities payable
Deferred gift revenue
Deferred revenue - other
Deferred compensation payable
Fair value of interest rate swaps
Long-term debt, net of deferred
financing costs of $\$ 768,184$
$\quad$ Total liabilities

| $\$ 1,061,579$ | $\$$ | - | $\$$ | 34,898 | $\$$ | - |
| ---: | ---: | ---: | ---: | ---: | ---: | ---: |
| - | $1,530,494$ | 498,604 | $(2,029,098)$ | $1,096,477$ |  |  |
| $1,665,074$ | - | - | - | $1,665,074$ |  |  |
| $3,301,806$ | 8,301 | 112,455 | - | $3,422,562$ |  |  |
| 225,498 | - | - | - | 225,498 |  |  |
| 150,941 | - | - | - | 150,941 |  |  |
| 35,931 | - | - | - | 35,931 |  |  |
| $3,425,463$ | - | - | - | $3,425,463$ |  |  |
| $3,438,164$ | - | - | - | $3,438,164$ |  |  |
|  |  | - | $2,767,506$ | $(256,142)$ | $55,741,603$ |  |
| $53,230,239$ | $1,538,795$ | $3,413,463$ | $(2,285,240)$ | $69,201,713$ |  |  |
| $66,534,695$ |  |  |  |  |  |  |

Commitments and contingencies

Net assets (deficit):
Without donor restrictions
With donor restrictions
Total net assets

| $62,283,941$ | $(1,393,487)$ | $(3,036,830)$ | - | $57,853,624$ |
| ---: | ---: | ---: | ---: | ---: |
| 983,542 | - | $7,778,700$ | - | $8,762,242$ |
| $63,267,483$ | $(1,393,487)$ | $4,741,870$ | - | $66,615,866$ |
|  |  |  |  |  |
| $\$ 129,802,178$ | $\$$ | 145,308 | $\$ 8,155,333$ | $\$(2,285,240)$ | | $\$ 135,817,579$ |
| :--- |

(1) Includes G.I.S. Housing, Inc.; G.I.S. Housing-Hillsborough, Inc.; G.I.S. Housing III, Inc.; G.I.S. Housing IV, Inc.; and G.I.S. Housing V, Inc.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Consolidating Statement of Activities

## Year Ended June 30, 2021

|  | Goodwill | JobWorks | G.I.S. <br> HUDs (1) | Eliminations | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Public support and revenue: |  |  |  |  |  |
| Public support: |  |  |  |  |  |
| Contributions | \$ 1,132,649 | \$ | \$ | \$ | \$ 1,132,649 |
| In-kind contributions of donated inventory | 19,114,344 | - | - | - | 19,114,344 |
| Total public support | 20,246,993 |  | - | - | 20,246,993 |
| Sales | 58,370,786 | - | - | - | 58,370,786 |
| Fees and grants from governmental agencies | 6,531,161 | 404,455 | 2,445,460 | - | 9,381,076 |
| Fees from clients and private sources | 1,520,612 | 746,263 | 871,761 | - | 3,138,636 |
| Investment income, net | 1,436,833 | - | 409 | $(6,578)$ | 1,430,664 |
| Miscellaneous income | 498,888 | - | 12,359 | $(182,988)$ | 328,259 |
| Total revenue | 68,358,280 | 1,150,718 | 3,329,989 | $(189,566)$ | 72,649,421 |
| Total public support and revenue | 88,605,273 | 1,150,718 | 3,329,989 | $(189,566)$ | 92,896,414 |
| Expenses: |  |  |  |  |  |
| Program services: |  |  |  |  |  |
| Contributed goods production | 10,884,208 | - | - | - | 10,884,208 |
| Salvage | 463,379 | - | - | - | 463,379 |
| Contract | 250 | 906,117 | - | - | 906,367 |
| Stores | 43,021,787 | - | - | - | 43,021,787 |
| Solicitations and transportation | 4,013,076 | - | - | - | 4,013,076 |
| Cafeteria and dormitory | 5,600,756 | - | - | - | 5,600,756 |
| Housing | - | - | 3,155,831 | $(189,566)$ | 2,966,265 |
| Rehabilitation | 1,891,092 | - | - | - | 1,891,092 |
|  | 65,874,548 | 906,117 | 3,155,831 | $(189,566)$ | 69,746,930 |
| Management and general | 7,651,288 | - | - | - | 7,651,288 |
| Public support | 731,003 | - | - | - | 731,003 |
|  | 8,382,291 | - | - | - | 8,382,291 |
| Total expenses | 74,256,839 | 906,117 | 3,155,831 | $(189,566)$ | 78,129,221 |
| Change in net assets before other changes | 14,348,434 | 244,601 | 174,158 | - | 14,767,193 |
| Other changes: |  |  |  |  |  |
| Change in value of split-interest agreements and annuities | $(63,809)$ | - | - | - | $(63,809)$ |
| Change in value of interest rate swaps | 2,347,337 | - | - | - | 2,347,337 |
|  | 2,283,528 | - | - | - | 2,283,528 |
| Change in net assets | 16,631,962 | 244,601 | 174,158 | - | 17,050,721 |
| Net assets (deficit): |  |  |  |  |  |
| Beginning of year | 46,635,521 | $(1,638,088)$ | 4,567,712 | - | 49,565,145 |
| End of year | \$ 63,267,483 | \$ $(1,393,487)$ | \$ 4,741,870 | \$ | \$ 66,615,866 |

(1) Includes G.I.S. Housing, Inc.; G.I.S. Housing-Hillsborough, Inc.; G.I.S. Housing III, Inc.; G.I.S. Housing IV, Inc.; and G.I.S. Housing V, Inc.

## Goodwill Industries - Suncoast, Inc. and Affiliates

## Consolidating Statement of Cash Flows

Year Ended June 30, 2021

|  | Goodwill |  | Job Works |  | $\begin{gathered} \text { G.I.S. } \\ \text { HUDs (1) } \\ \hline \end{gathered}$ |  | Eliminations |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Cash flows from operating activities: |  |  |  |  |  |  |  |  |  |  |
| Change in net assets | \$ | 16,631,962 | \$ | 244,601 | \$ | 174,158 | \$ | - | \$ | 17,050,721 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities: |  |  |  |  |  |  |  |  |  |  |
| Depreciation |  | 4,634,633 |  | 4,665 |  | 581,075 |  | - |  | 5,220,373 |
| Amortization of deferred financing costs |  | 252,012 |  | - |  | - |  | - |  | 252,012 |
| Actuarial gain on annuity obligations |  | $(1,529)$ |  | - |  | - |  | - |  | $(1,529)$ |
| Actuarial loss on deferred gifts |  | 65,338 |  | - |  | - |  | - |  | 65,338 |
| Net realized and unrealized gain on investments |  | $(1,350,436)$ |  | - |  | - |  | - |  | $(1,350,436)$ |
| Change in fair value of interest rate swaps |  | $(2,347,337)$ |  | - |  | - |  | - |  | $(2,347,337)$ |
| Gain on disposal of property |  | $(22,825)$ |  | - |  | - |  | - |  | $(22,825)$ |
| (Increase) decrease in operating assets: |  |  |  |  |  |  |  |  |  |  |
| Accounts receivable - trade and other |  | $(169,950)$ |  | $(74,401)$ |  | 477 |  | - |  | $(243,874)$ |
| Accounts receivable - affiliates |  | 92,035 |  | - |  | - |  | $(92,035)$ |  | - |
| Contributions receivable |  | $(10,763)$ |  | - |  | - |  | - |  | $(10,763)$ |
| Inventory - contributed goods |  | $(739,746)$ |  | - |  | - |  | - |  | $(739,746)$ |
| Inventory - new goods and supplies |  | $(328,348)$ |  | - |  | - |  | - |  | $(328,348)$ |
| Other assets |  | $(162,137)$ |  | - |  | (199) |  | - |  | $(162,336)$ |
| Notes receivable - affiliates |  | $(6,578)$ |  | - |  | - |  | 6,578 |  | - |
| Increase (decrease) in operating liabilities: |  |  |  |  |  |  |  |  |  |  |
| Accounts payable - trade |  | 533,669 |  | - |  | $(37,927)$ |  | - |  | 495,742 |
| Accounts payable - affiliates |  | - |  | $(178,524)$ |  | 86,489 |  | 92,035 |  | - |
| Accrued payroll |  | $(57,748)$ |  | - |  | - |  | - |  | $(57,748)$ |
| Accrued expenses and other liabilities |  | 878,101 |  | 3,659 |  | $(13,647)$ |  | - |  | 868,113 |
| Deferred revenue - other |  | $(9,456)$ |  | - |  | - |  | - |  | $(9,456)$ |
| Net cash provided by operating activities |  | 17,880,897 |  | - |  | 790,426 |  | 6,578 |  | 18,677,901 |
| Cash flows from investing activities: |  |  |  |  |  |  |  |  |  |  |
| Purchases of land, buildings and equipment |  | $(852,120)$ |  | - |  | $(131,865)$ |  | $(6,578)$ |  | $(990,563)$ |
| Proceeds from sale of equipment |  | 22,825 |  | - |  | - |  | - |  | 22,825 |
| Purchases of investments |  | $(502,315)$ |  | - |  | - |  | - |  | $(502,315)$ |
| Proceeds from sales of investments |  | 64,077 |  | - |  | - |  | - |  | 64,077 |
| Net cash used in investing activities |  | $(1,267,533)$ |  | - |  | $(131,865)$ |  | $(6,578)$ |  | $(1,405,976)$ |
| Cash flows from financing activities: |  |  |  |  |  |  |  |  |  |  |
| Payments on long-term debt |  | $(3,558,997)$ |  | - |  | $(220,280)$ |  | - |  | $(3,779,277)$ |
| Payments on annuity obligations |  | $(27,011)$ |  | - |  | - |  | - |  | $(27,011)$ |
| Net cash used in financing activities |  | $(3,586,008)$ |  | - |  | $(220,280)$ |  | - |  | $(3,806,288)$ |
| Net increase in cash and cash equivalents and restricted cash |  | 13,027,356 |  | - |  | 438,281 |  | - |  | 13,465,637 |
| Cash and cash equivalents and restricted cash: |  |  |  |  |  |  |  |  |  |  |
| Beginning |  | 11,598,843 |  | 100 |  | 1,961,892 |  | - |  | 13,560,835 |
| Ending | \$ | 24,626,199 | \$ | 100 | \$ | 2,400,173 | \$ | - | \$ | 27,026,472 |
| Supplemental disclosures of cash flow information: |  |  |  |  |  |  |  |  |  |  |
| Noncash investing and financing activities: |  |  |  |  |  |  |  |  |  |  |
| Construction in progress transferred to land, buildings, and improvements | \$ | 313,656 | \$ | - | \$ | - | \$ | - | \$ | 313,656 |
| Change in value of deferred compensation investments | \$ | 564,781 | \$ | - | \$ | - | \$ | - | \$ | 564,781 |

(1) Includes G.I.S. Housing, Inc.; G.I.S. Housing-Hillsborough, Inc.; G.I.S. Housing III, Inc.; G.I.S. Housing IV, Inc.; and G.I.S. Housing V, Inc.

Client\#: 1581293
GOODWIND11

## ACORD ${ }^{\prime \prime}$ CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER |
| :--- |
| USI Insurance Services, LLC |
| 2502 N Rocky Point Dr Ste 400 |
| Tampa, FL $33607-1421$ |
| 813 321-7500 |
| INSURED |
| $\quad$Goodwill Industries-Suncoast Inc. <br>  <br> P. O. Box 14456 <br> St. Petersburg, FL 33733 |

COVERAGES CERTIFICATE NUMBER: 37193553

| CONTACT Jessica Gonzalez |  |  |
| :---: | :---: | :---: |
| PHONE, Ext): 813 321-7500 (A/C, | $\begin{aligned} & \text { FAX } \\ & \text { (A/C, No): } \end{aligned}$ |  |
| A-MAIL ${ }^{\text {ADDRESs: }}$ jessica.gonzalez@usi.com |  |  |
| INSURER(S) AFFORDING COVERAG |  | NAIC \# |
| InSURER A : Alliance of Nonprofits for Insurance RR |  | 10023 |
| insurer b : Old Republic Insurance Company |  | 24147 |
| INSURER C : |  |  |
| INSURER D : |  |  |
| INSURERE: |  |  |
| INSURER F : |  |  |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Job Type:Grant
Project End Date:08/31/2023

## CERTIFICATE HOLDER <br> Pinellas Community Foundation 17755 US Highway 19 N Suite 150 <br> Clearwater, FL 33764

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN accordance with the policy provisions.

## AUTHORIZED REPRESENTATIVE

