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*

Society of St. Vincent de Paul South Pinellas, Inc dba St. Vincent de Paul CARES

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Vehicles for Covid-safe Deliveries

EIN*

59-2380770

Incorporation Year*

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

1985

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

To be a beacon of light by transforming lives in the Vincentian spirit of charity, justice, and mercy through interpersonal connectivity.

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.

Character Limit: 12 U5XLSCJJP9A6

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$47,652,807.00

Amount Requested*

The maximum grant amount is \$199,999.

\$199,999.00

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?

St. Vincent de Paul CARES is a faith-fueled organization deeply invested in supporting an effective homeless crisis response system that ensures homelessness is rare, brief, and non-recurring. Incorporated in 1985, SVdP CARES' programs are "Housing First" – operating low barrier shelter and rapid rehousing services and rapidly connecting to permanent housing with no readiness requirements. Accredited by the Council on Accreditation (COA), SVdP CARES uses best and promising practices in delivering services. SVdP CARES has served Pinellas County since the beginning providing the following services to persons who are experiencing homelessness:

- -The CARE Center is a permanent housing focused, low barrier homeless shelter, open year round for 70 men and women nightly. The CARE Center assesses clients to identify immediate needs and helps clients create a housing plan, addressing barriers to moving into housing.
- -The Food Center provides nourishing meals to shelter participants and the public. The Food Center averages 425 meals daily.
- -The Homeless Persons Storage Unit program provides a safe place to store belongings.
- The Center of Hope provides 55 transitional VA Grant Per Diem single-rooms: 25 dedicated to homeless Veterans who are being linked to permanent housing, 25 for chronically homeless Veterans suffering from mental illness/ substance addiction using a harm reduction model; and, 5 for homeless Veterans leaving the hospital.
- The VA Emergency Shelter provides temporary emergency housing and support for 20 Veterans who are homeless and seeking permanent housing.

Rapid Re-Housing Services:

RRH provides housing search and placement, housing-based case management, and temporary financial assistance such as deposits, rental assistance, and move-in expenses. Social Enterprise:

The Community Thrift Store provides donated clothing, furniture, and household goods to low-income persons in Pinellas especially to help stabilize those that have been housed.

Community Need*

Printed On: 1 October 2022

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

The COVID-19 pandemic made operating the Food Center and the Community Thrift Store in St. Petersburg very difficult as SVdP CARES never stopped serving those in need, whether they needed clothing on their back or a warm meal in their stomach. SVdP CARES had the support of the Pinellas Community Foundation to purchase additional food as well as providing a mobile refrigerator to survive the massive need around the holidays when so many were disconnected from family and friends to stay safe. Staff at both the Food Center and the Community Thrift Store stepped up to meet the growing need, but the ongoing impact of food/household donations on service delivery presents a long-term problem. SVdP CARES is proposing to increase the fleet of trucks to improve the capacity of pick-ups from donors (individuals, grocery stores, etc.) as well as improve the ability to deliver food boxes and furniture for persons whom transportation is a real challenge.

Last fiscal year, 512 persons accessed the CARE Center and the Food Center served 91,698 meals. Most guests (51%) had been staying outdoors or places not meant for habitation prior to intake. Fifty-seven percent of those accessing the shelter had no income and 45% had no healthcare, yet 27% reported a mental health condition, 18% had a physical disability and 13% were suffering from a chronic health affliction. The Community Thrift Store provided 1,027 vouchers for clothing and furniture. \$45,000 worth of donated furniture and clothing were put back into the community with another \$100,000 worth of goods given to anyone in need that walked through the front doors.

With aging, unreliable trucks those in the community are unable to depend on deliveries of food and furnishings. Financial impacts of the pandemic have not allowed SVdP CARES to invest in this crucial need due to funding constraints.

Negative Economic Impact on Organization*

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.

SVdP CARES is seeking support to cover 3 new delivery vehicles to adapt operations to accommodate health and safety guidelines by the CDC in operating the Food Center and the Community Thrift Store. During the pandemic the number of donations from the community has decreased as understandably people have avoided interacting large groups as oftentimes the entity donating food or furnishings would volunteer to see the impact of their donations. There also is a service need created by the pandemic to help clients isolate by delivering food boxes and furniture to them rather than risking exposure in a public, especially considering the prevalence of health concerns that many whom SVdP CARES serves face.

SVdP CARE never stopped or limited services to those in need, meaning the wear and tear on the current vehicles increased as more and more deliveries were required in response to the pandemic. Last fiscal year, 512 persons accessed the CARE Center night shelter and the Food Center served 91,698 meals. Fifty-seven percent of those accessing the shelter had no income and 45% had no healthcare, yet 27% reported a mental health condition, 18% had a physical disability and 13% were suffering from a chronic health affliction. Although SVdP CARES did everything it could to respond to the needs the pandemic brought, the vehicles became less and less reliable and in need of replacement.

Proposal Description*

Printed On: 1 October 2022

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?

SVdP CARES is requesting the minimum number of vehicles required to best serve those who need the Food Center and Community Thrift Store's services, allowing for increased deliveries in light of the pandemic. To meet the needs of service delivery for both the Food Center and Community Thrift Store, SVdP CARES is requesting 3 box trucks, one of which that is upgraded to include refrigeration to transport food. SVdP CARES has assessed the service delivery needs and identified the need for these three 15-foot box trucks to successfully adjust to a model that responds to CDC guidance. The three vehicles will have an expected lifespan of about 5-10 years. These three vehicles will directly give SVdP CARES the tools it needs to successfully meet the needs of the community that the pandemic has created. The vehicle will be used to deliver resources to program participants whom SVdP CARES has housed and is working to stabilize throughout Pinellas County. The demand for these resources has climbed due to the detrimental financial impacts of COVID to families with children, individuals, and US Veterans. SVdP CARES' case managers are also picking up food and supplies regularly from our pantry to deliver to those we are stabilizing and so our ability to pick up food, baby supplies, and household products from our partners is critical. In addition to food and furniture the trucks will also pick up supplies from vendors like donated hygiene products for those in need.

Guiding Principles - Client Impact*

Printed On: 1 October 2022

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?

It is one of SVdP CARES core beliefs to improve racial equity in programming and successful outcomes. SVdP CARES works within an inequitable system in which Communities of Color are often over-represented among the population of those experiencing homelessness. This project will impact both the Food Center and Community Thrift Store which seeks to serve proportionately more Persons of Color to help ameliorate this inequity. Studies show that homelessness hits Communities of Color harder. A Stateline article from March 2019 described it as "A Pileup of Inequities" from "centuries of discrimination in housing, criminal justice, child welfare and education." SVdP CARES targets these communities with higher acuity. It is also known that Communities of Color are often insular and resist seeking out services for assistance.

The Framework for an Equitable COVID-19 Homelessness Response's published report from December 2020 titled "Responding to Homeless Families' Needs During the COVID- 19 Crisis" underscored that long-standing health inequities among racial lines are increasing during the pandemic. The report stated that while 12% of all children ages 5-17 diagnosed with COVID-19 are Black, they make up 23% of all COVID-19 related deaths. To battle this deepening inequity SVdP CARES' policies and procedures ensure cultural competency, diversity, and inclusion internally. Staffing and leadership reflect the diversity of the community because it is important for clients to see themselves in the organization. Racial demographic data is tracked and monitored to determine continual improvements in equity.

Number Served*

How many people will directly benefit from this capital purchase annually? 2000

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**.

Unduplicated

Other (Explanation Required)

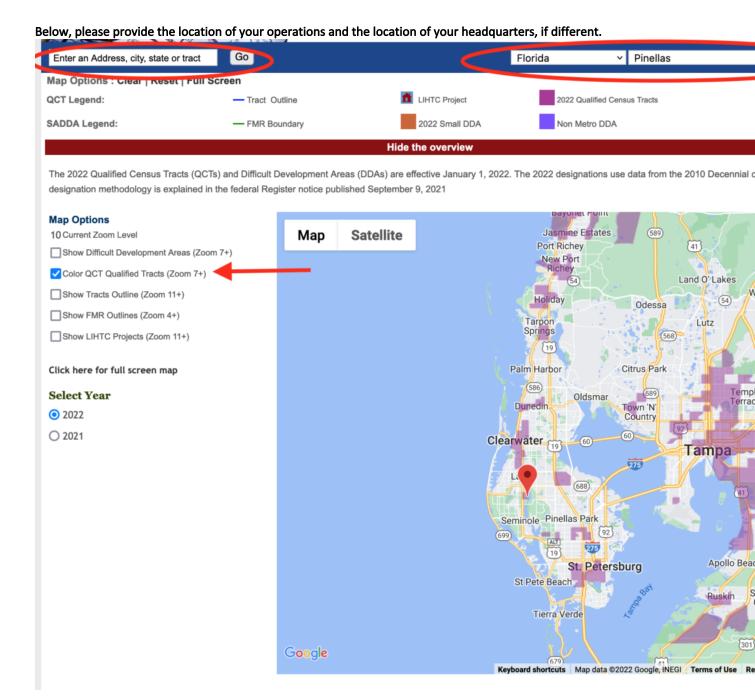
If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

N/A

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.



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/

SVdP CARES district office is located at 384 15th Street N, St. Petersburg, FL 33705 which is across the street from the Food Center facility which is located in a QCT.

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Yes

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 location of the purchases is the Food Center which is located at 401 15th Street N, St. Petersburg, FL 33713 and the Community Thrift Store which is located at 180 34th Street N, St. Petersburg, FL 33713. The three vehicles will be delivering food and furniture to QCT areas across Pinellas County.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

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.

SVdP CARES has served its target population - the hungry, homeless and impoverished people of downtown St. Petersburg for over 30 years - assisting those in dire circumstances through well-managed, highly effective, quality programs that address their most basic human needs. SVdP CARES began meeting immediate needs for persons on the street in downtown St. Petersburg, whether it be a hot meal or a clean change of clothes.

Since then, SVdP CARES has worked to build best practice programs that are housing-focused to secure long-term stability versus merely meeting only an immediate need. SVdP CARES was awarded funding in 2002

through the VA to rehabilitate a building that was once an abandoned hospital and turning it into what is now one of the largest operations of its kind in Pinellas County - the Center of Hope.

The Center of Hope is a 75 room facility that provides meals and shelter for low-income and homeless Veterans and non-Veterans. It is designed specifically for members of the community who are trying to successfully attain self-sufficiency and permanent housing, but have been unable to do so due to economic downturn, substance abuse, and/or physical and mental illness. The facility allows clients to stay for up to two years while they work with a case manager to develop life-coping and self-sufficiency skills.

The CARE Center is a multi-purpose center (Food and Shelter) located in downtown St. Petersburg where the vast majority of the homeless and impoverished congregate and live. The Food Center transitions into the Homeless Shelter at night and has a capacity for 70 mats. The shelter provides men and women a safe place to sleep for the evening when they have nowhere else to go. The Night Shelter also provides showers along with various grooming supplies to the homeless population on an annual basis.

SVdP CARES has operated the Supportive Services for Veteran Families Program (SSVF) since June 2012, rapidly rehousing Veterans in by providing housing search and placement as well rental assistance to place them. Since then, SVdP CARES has collaborated with funders in Pinellas County to provide this crucial service for non-Veterans alike.

As stated, all SVdP CARES' programs are housing first and benefit from strong relationships in the community for resources to bolster long-term housing stability, such as Boley Centers for employment services and CASA for those who have been impacted by domestic violence, among a myriad of others.

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." LGBTQ+

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.

Combined Vehicle 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.

SVdP CARES leases over 50 vehicles from Ferman Auto Group for case managers and direct staff and thus they are our sole source due to their fair pricing and ability to access vehicles when many companies are delayed.

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.

Budget Small Project.pdf

SVdP CARE is request three vehicles totaling \$205,029.27 of which SVdP CARES is asking for \$199,999 of ARPA funding to cover. SVdP CARES is confident that it can secure a private donation to cover the remaining \$5,030.27 leveraging Pinellas Community Foundation's generous support.

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.

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

SVdP CARES will seek private donations in the amount of \$7,529.27 to fully cover all three vehicles leveraging Pinellas Community Foundation's generous support.

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.

This project does not affect operating costs but allows for improved services in response to CDC guidance.

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.

Budget FY 21-22 Approved 9-17.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

04 Board of Directors.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.

2020 Form 990 PDC Society of St Vincent De Paul South Pinellas, Inc..PDF Attached.

Most Recent Financial Statements*

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.

2021 Audit Financial Statements.pdf Attached.

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.

Cert of Ins - Pinellas County, A Political Subdivision of the State of Florida.PDF Attached.

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? N/A

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- Combined Vehicle Quotes.pdf
- Budget Small Project.pdf
- Budget FY 21-22 Approved 9-17.pdf
- 04 Board of Directors.pdf
- 2020 Form 990 PDC Society of St Vincent De Paul South Pinellas, Inc..PDF
- 2021 Audit Financial Statements.pdf
- Cert of Ins Pinellas County, A Political Subdivision of the State of Florida.PDF

Date/Time: 8/23/2022 10:14:05 AM

Buyer: Society of Vincent De

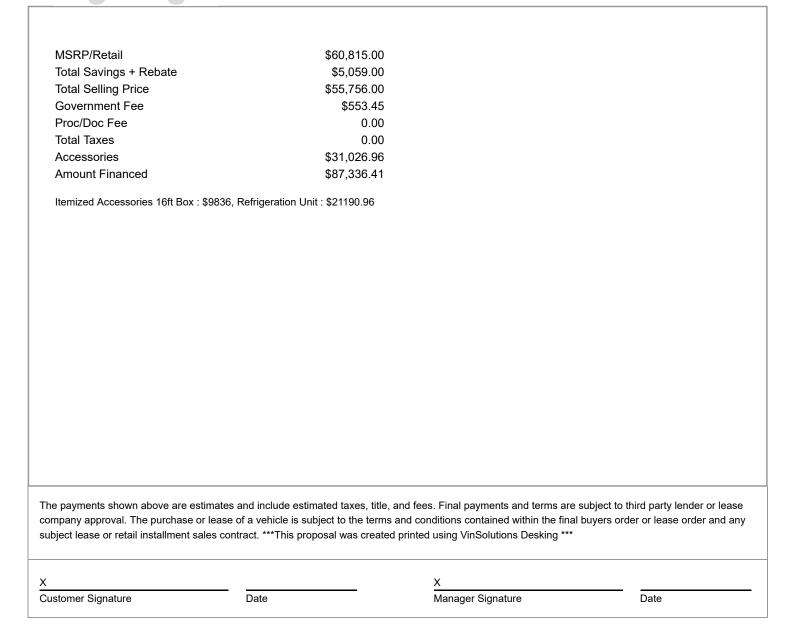
Paul (727) 934-5789 (727) 823-2516 384 15th St N Home Phone: Cell Phone: Address: Saint Petersburg, FL

Salesperson: Service Department

Ferman of Tarpon Springs

2023 Chevrolet 4500HD LCF Diesel Base

No Photo Available



Date/Time: 8/23/2022 10:10:04 AM

Buyer: Society of Vincent De

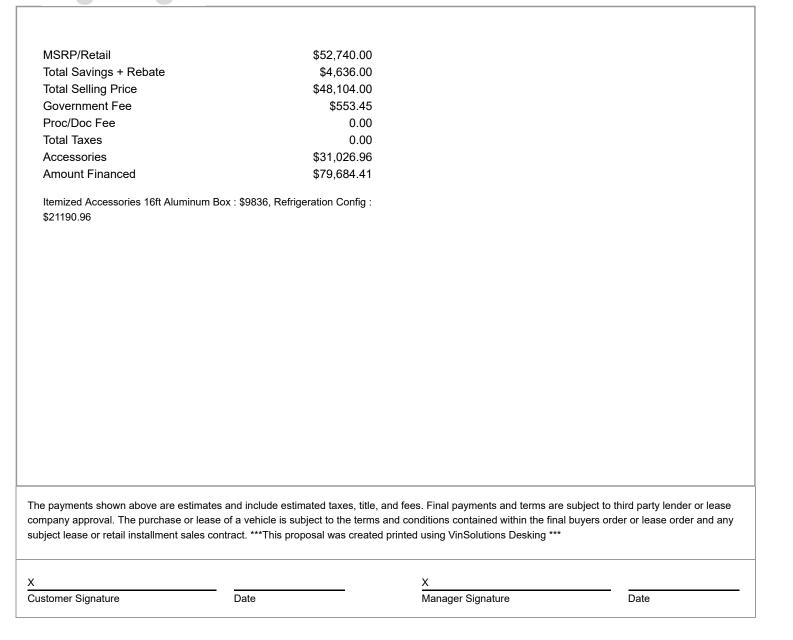
Paul (727) 934-5789 (727) 823-2516 384 15th St N Home Phone: Cell Phone: Address: Saint Petersburg, FL

Salesperson: Service Department

Ferman of Tarpon Springs

2023 Chevrolet 3500 LCF Gas Base

No Photo Available Body Type: Truck



Ferman of Tarpon Springs

Date/Time: 9/8/2022 10:55:44 AM

Buyer:

Society of Society of St. Vincent De Paul (727) 484-6905 (727) 484-6905 384 15th St N Saint Petersburg, FL 33705 Home Phone: Cell Phone: Address:

Salesperson: Michael Sico

2022 Chevrolet Silverado 1500 Work Truck



MSRP/Retail	\$39,655.00		
Total Savings + Rebate	\$2,200.00		
Total Selling Price	\$37,455.00		
Government Fee	\$553.45		
Proc/Doc Fee	0.00		
Total Taxes	0.00		
Accessories	\$2,499.00		
Amount Financed	\$40,507.45		
Itemized Accessories TOPPER: \$2499			
The payments shown above are estimates an company approval. The purchase or lease of subject lease or retail installment sales contra	a vehicle is subject to the terms and	d conditions contained within the final bu	
X		X	
	Date	Manager Signature	 Date

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Society of St. Vincent de Paul South Pinellas Inc. dba SVdP CARES

Proposal Name: Vehicles for Covid-Safe Deliveries

Α	В	С	D		E		F		G		Н
Line		Price Per	Quantity of	Р	Purchase		ARPA Grant Funds		Applicant		
Item	Item (Description)	Item	Item		Total Requested Match		Match		F	unding Total	
1	23 Diesel Chevy Refrig Truck	\$87,336.41	1	\$	87,336	\$	87,336	\$	-	\$	87,336
2	23 Gas Chevy Refrig Truck	\$79,684.41	1	\$	79,684	\$	79,684	\$	-	\$	79,684
3	22 Chevy Work Truck w/top	\$40,507.45	1	\$	40,507	\$	32,978	\$	7,529.27	\$	40,507
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
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		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		TOTAL	3	\$	207,528	\$	199,999	\$	7,529	\$	207,528

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, 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		
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 towo	of the line item	
Funding Total	Total funding for proposed line item (ARPA grant request plus app		

Proposed Budget - Board	Summary

Proposed Budget - Board Summary									
			Propos	sed Amended B	udget Summar	y Budget 202	1 - 2022		
				SSVF					
	Approved 2nd								
	Amended		Program	Other	Total	Permanent			
	Budget FYE	Program-Excluding	Trogram	Management	10111	Supportive			Total Budget
	09/30/21	SSVF		& General		Housing	Development	& General	21-22
Support and Revenue:									
Thrift Store Revenue	\$ 797,491	\$ 850,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 850,000
Grants/Contracts from Governmental Agencies	36,579,093	14,378,203 *	20,031,174	2,225,686	22,256,860				36,635,064
Grants from Private Organizations	2,496,330	591,000 *	*		-		41,000		632,000
Rental Income	189,549				-	868,444			868,444
Donated Food - to Clients	270,000	172,000			-				172,000
Contributions	673,399				-		1,150,200		1,150,200
Other Income					-			1,131,794	1,131,794
Total support and revenue	41,005,862	15,991,203	20,031,174	2,225,686	22,256,860	868,444	1,191,200	1,131,794	41,439,502
Personnel Costs									
Salaries	12,549,079	5,518,665	5,378,202	1,951,744	7,329,946	65,000	106,542	898,633	13,918,785
Taxes & Benefits	2,911,096	990,529	1,003,518	273,870	1,277,388	14,085	17,702	191,568	2,491,274
Total Personnel Costs	15,460,175	6,509,194	6,381,720	2,225,614	8,607,334	79,085	124,244	1,090,202	16,410,059
Operating Expenses									
Computers and Software	206.029	102 117	157 522		157 522	720	7 200	40.451	209 110
Donated Food	396,028 270,000	102,117 172,000	157,523	-	157,523	720	7,300	40,451	308,110 172,000
	268,779	172,000	-	-	_			380	172,000
Food costs				-		73 328			
Insurance	399,016	114,859	624	-	624	73,328	3,200	20,154	212,166
Interest Maintenance and Renairs	13,229	20,665	- 52 520	-		3,225	- 525	2,184	26,074
Maintenance and Repairs	180,424	78,022	53,530	-	53,530	80,180	525	8,251	220,509
Office Rent	471,516	49,607	-	-	-	22.090	-	7,000	49,607
Office Supplies and Furniture	203,659	22,199	-	0	0	22,080	850	7,900	53,028
Other Expenses	227,456	422,227	44,611	-	44,611	96,407	42,106	80,852	686,203
Printing, Copying, Postage and Delivery	116,974	27,926	-	-	-	12,825	64,413	8,744	113,908
Professional Fees	116,382	1,280	56,678	-	56,678	21,420	-	20,000	99,378
Program Supplies	563,041	155,531	-	-	-		-		155,531
Security	169,702	53,648	11,310	-	11,310	2,304	-	12,322	79,583
Seminars and Training	64,404	15,884			.	1,800	1,700	12,938	32,322
Subcontractor Expense	2,180,532	(0)	666,444	72	666,516	-	-	95	666,612
Temporary Financial Assistance	18,379,186	7,225,748	12,637,575	-	12,637,575		. .		19,863,323
Utilities	738,944	264,239	21,158	-	21,158	132,426	4,950	5,697	428,470
Vehicles and Travel	537,317	149,308	-	-	-	2,160	50	4,684	156,202
Total Operating Expenses, excluding									
Depreciation	40,756,760	15,575,023	20,031,174	2,225,686	22,256,861	527,960	249,338	1,314,853	39,924,034
Incr(Decr) in Net Assets before Depreciation	-								
Capital Grants & Expenditures	249,102	416,181	(0)	(0)	(1)	340,484	941,862	(183,058)	1,515,468
	247,102	410,101	(0)	(0)	(1)	240,404	741,002	(100,000)	1,515,400
Capital Grants		_	_	_	_		_		_
Capital Expenditures	(1,595,925)	_	_	_	_		_		_
Depreciation	(318,505)	(128,550)				(105,370)		_	(233,921)
Increase(Decrease in Net Assets) after Capital	(318,303)	(126,330)				(105,570)			(233,921)
Grants/Expenditures/Depreciation	0 (1 ((5 220)	6 207 (21	e (A)	e (0)	e (1)		6 041.073		6 1 201 5 45
Grants/Expenditures/Depreciation	\$ (1,665,328)	\$ 287,631	\$ (0)	\$ (0)	\$ (1)		\$ 941,862		\$ 1,281,547
10 10 11 1	FT IF 00 /20 /20								
*Grants/Funding from Governmental Agencies	FYE 09/30/22	**Grants from Private	Organizations						
CDBG St. Pete City Grant	\$ 68,914	Schoen Foundation		\$ 150,000					
Pinellas SAF/RRH/Bridging Families	1,415,954	Gulfcoast Foundation		400,000					
City of St. Pete SAF	238,633	Other		41,000					
City of St. Pete CV	150,000	Total Grants from Priv	ate Organzations	\$ 591,000					
City of St. Pete Shelter	288,065								
City of Largo	118,080	***Increase in Net Asso	ets						
VA Shelter Grant	276,205	Loan Forgiveness		\$ 1,111,400					
GPD	1,078,911	Investment Income		20,394					
Continuum of CARE	2,439,254	Thrift Store		\$ 191,708					
SSVF	22,256,860	Prog/Dept Decreases >Pr	rog Increases	(41,955)					
Pasco SHIP	42,500	Incr in Net Assets.	:	\$ 1,281,547					
Pasco-CDBG	277,600								
Lee County RRH	932,855								
Pasco Coalition	1,796,250								
JWB Program Expansion	785,720								
Charlotte-Gulf Coast Partnership	609,805								
Polk - ESG Outreach/ESG RRH/Challenge	190,538								
Manatee County	1,021,892								
Mid-Florida ESG/RRH/Challenge	189,348								
Suncoast Partnerhsip to End Homelesses	153,348								
Sarasota Heath & Human Services	43,500								
THHI	2,260,831								
Total Grants from Governmental Agencies	\$ 36,635,064								



Society of St. Vincent de Paul South Pinellas, Inc. DBA: St. Vincent de Paul CARES

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** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, and ending SEP 30, 2021 Open to Public

_				1 ''''						
В	Check if applicable	C Name of organization		D Employer ide	ntification number					
_		SOCIETY OF ST VINCENT DE PAUL								
	Addre	e SOUTH PINELLAS, INC.								
	Name chang	Doing business as		59-238	0770					
	Initial return	, and the second	Room/suite	E Telephone nui	mber					
F	Final	38/ 15mg cmpggm MODMG	1100111,00110	727-82						
	—return termir	_		G Gross receipts \$	46,721,634.					
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code ST • PETERSBURG , FL 33705		-						
F	lreturn ∏Applid	SI. FEIERSDORG, FD 33703		H(a) Is this a grou						
	tion pendi	F Name and address of principal officer: TICITABLE TRAITOBA		for subordin						
	-	SAME AS C ABOVE		H(b) Are all subordina	ates included? Yes No					
		empt status: X 501(c)(3) \Box 501(c) () \blacktriangleleft (insert no.) \Box 4947(a)(1)	or 527	If "No," atta	ch a list. See instructions					
J	Websi	te: NWW.SVDPSP.ORG		H(c) Group exem	ption number					
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 196	1 M State of legal domicile: FL					
	art I				· ·					
		Briefly describe the organization's mission or most significant activities: TO B	F. A BE	CACON OF L	TGHT BY					
Governance	'	TRANSFORMING LIVES IN THE VINCENTIAN SPI	RTT OF	CHARTTY	JUSTICE, AND					
nar	١,	Check this box if the organization discontinued its operations or dispose								
۷e		·			1 1 42					
é	3			1						
	4	Number of independent voting members of the governing body (Part VI, line 1b)								
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5 271					
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)	V		6 2691					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	>		7a 152.					
٩	l b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.					
				Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		20,004,69						
ne	1			881,41						
Revenue	9	Program service revenue (Part VIII, line 2g)		-5,91						
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		183,99						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,064,19						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,799,77	6. 17,065,733.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.					
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,230,03	5. 12,318,818.					
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.					
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 169,7	06.							
X	175	Other expenses (Part IV, column (A) lines 11s 11d 11f 24s)		4,693,995. 6,363,779						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,723,80						
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)								
	19	Revenue less expenses. Subtract line 18 from line 12		2,340,38						
Net Assets or Fund Balances			Be	eginning of Current Y						
set	20	Total assets (Part X, line 16)		20,224,70						
AB	21	Total liabilities (Part X, line 26)		10,280,18	9. 12,139,940.					
	22	Net assets or fund balances. Subtract line 21 from line 20		9,944,51	4. 22,097,707.					
P	art II	Signature Block			•					
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best	of my knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, ,					
	, 001100	wand completes Books and or property (exist shall emost) to become an an information of the	mon propuro	I nao any kilowioago.						
0:		Signature of officer		I Date						
Sig		· · · · · · · · · · · · · · · · · · ·		24.0						
He	re	MICHAEL RAPOSA, CEO								
		Type or print name and title		Doto	T II DTIN					
		Print/Type preparer's name Preparer's signature		Date Chec						
Pai	d	SAM A. LAZZARA		self-e	mployed P00176817					
Pre	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A	•	Firm's EIN	▶ 59-3040705					
Use	Only	Firm's address P. O. BOX 172359								
	-	TAMPA, FL 33672		Phone no	(813) 875-7774					
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No					

Form	990 (2020) SOUTH PINELLAS, INC. 59-2380770 Page
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Driefly describe the organization's mission: TO BE A BEACON OF LIGHT BY TRANSFORMING LIVES IN THE VINCENTIAN SPIRIT OF CHARITY, JUSTICE, AND MERCY THROUGH INTERPERSONAL CONNECTIVITY. THE ORGANIZATION'S TARGET POPULATION IS THE POOR, HOMELESS, UNEMPLOYED, AND MENTALLY AND PHYSICALLY DISABLED IN THE 16 COUNTIES WE SERVE - Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? Wes Wes	
	TO BE A BEACON OF LIGHT BY TRANSFORMING LIVES IN THE VINCENTIAN SPIRIT
	OF CHARITY, JUSTICE, AND MERCY THROUGH INTERPERSONAL CONNECTIVITY. THE
	ORGANIZATION'S TARGET POPULATION IS THE POOR, HOMELESS, UNEMPLOYED,
	AND MENTALLY AND PHYSICALLY DISABLED IN THE 16 COUNTIES WE SERVE -
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	(Code:) (Expenses \$ 19,742,115. including grants of \$ 11,620,193.) (Revenue \$ 405,585.
	AND PREVENTION ASSISTANCE TO ELIGIBLE VETERANS WHO ARE HOMELESS OR AT
	RISK OF BECOMING HOMELESS WITH VERY LOW OR NO INCOME. SERVICES INCLUDE,
	BECOMING HOMELESS EXITED THE PROGRAM STABLY HOUSED.
	0 360 651
4b	
4c	(Code:) (Expenses \$ 1,074,302. including grants of \$ 61,097.) (Revenue \$
	PERMANENT SUPPORTIVE HOUSING - PROVIDED 98 UNITS OF PERMANENT
	SUPPORTIVE HOUSING IN PASCO COUNTY. INDIVIDUALS AND FAMILIES HAVE
	INCOMES THAT RANGE FROM 40% TO 60% OF THE AREA'S MEDIAN INCOME (AMI).
	ALSO, PROVIDES PERMANENT SUPPORTIVE SHARED HOUSING FOR 14 INDIVIDUALS
	WITH HOUSEHOLD INCOME NOT GREATER THAN 50% OF THE AREA'S MEDIAN INCOME
	AND TENANTS PAY 30% OF THEIR INCOME. IN 2021, 125 CLIENTS WERE ASSISTED
	AND 55 SUPPORTIVE HOUSING ACTIVITIES WERE PROVIDED.

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

3,074,508 • including grants of \$

2 expenses ► 33,260,576 •

17,451 (Revenue \$

965,380.)

Total program service expenses ▶

Form **990** (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a		20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	aomostio government on rate ix, column (zij, iine reneros, complete conceder, rates rand ii	~ I		

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 4	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	22 222000 0 contains a response of field to diff into it diff.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-S, Transmittal of Wage and Tax Statements, Ed. 2 27.1 b If at least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file gene instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, 'has it filed a Form 990-T for this year? If 'Wo' to line 3b, provide an explanation on Schedule O 3b If 'Yes,' that the da Form 990-T for this year? If 'Wo' to line 3b, provide an explanation on Schedule O 3c If Yes,' that it filed a Form 990-T for this year? If 'Wo' to line 3b, provide an explanation on Schedule O 3c If Yes the the name of the foreign country 5c If 'Yes' to line 1b and year and year of						Yes	No
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines is and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 980-T for this year? If "No" to line 30, provide an explanation on Schrodule 0 3c Did the organization have unrelated business goes income of \$1,000 or more during the year of the return of the suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 4c If "Yes," in the the name of the freign country. 5c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 888-17 6c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Did were no tax deductibles? 6c Did the organization include with every solicitation an express statement that such contributions of offs were no tax deductibles? 6c Did the organization shall be a possible to the solicit of the solicit of the form \$88.77 6c Did the organization receive a payment in excess of \$75 mode party as a contribution and party to goods all saylines provided to the payor? 7c Organizations that may receive deductible? 7c Did the organization receive a payment in excess of \$75 mode party as a contribution of understance that such contribution of the value of the goods or services provide? 7c Did the organization receive a payment in excess of \$75 mode party as a contribution of understance that such contract? 7c Did the organization receive any party	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	271			
3a X X bill the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f ''ves', invalidation of Schedule O 3b X X X X X X X X X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b if "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 888617? 5a 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? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions of girls were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of 57m and party as a contribution and party for goods and services provided? 7c Did the organization steal amount of the value of the goods or services provided? 7b Did the organization receive an approper of the value of the goods or services provided? 7c Did the organization received an ornibruite of ordinarcity, to pay premium on a personal benefit contract? 7e X 7f Did the organization received a contribution of care, boats, simplaneds or quality whiches, did the organization file a Form 1088 C? 7f Did the organization received an ornibruitor of unified ty, or a personal benefit contract? 7g If Yes, "included the number of Forms \$282 filed during the year. 7g If the organization received an contribution of unified the left payment of the propartization f		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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b If Yes,* enter the name of the foreign country. ▶ See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes* 10 in 6a for 5b, did the organization fille Form 8886 F7? 5c If Yes* 10 in 6a for 5b, did the organization fille Form 8886 F7? 5c In 80 Des 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? 5c In Yes*, did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible? 6c In Yes*, did the organization motify the donor of the value of the goods or services provided? 6c In Yes*, indicate the number of Forms 8282 filed during the year 6c In Here Form 8282? 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 6d If Yes*, indicate the number of Forms 8282 filed during the year 7d If Yes*, indicate the number of Forms 8282 filed during the year 7d If Yes*, indicate the number of Forms 8282 filed during the year 8 If If Yes*, indicate the number of Forms 8282 filed during the year 9 If Yes*, indicate the number of Forms 8282 filed during the year 9 If Yes*, indicate the number of Forms 8282 filed during the year of t	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a	1			
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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 a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds. S Sponsoring organizations maintaining donor advised funds. S Donsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Did the sponsoring organizations. Enter: a initiation fees and capital contributions induced on Part VIII, line 12 Corespints, included on Form 990 Part VIII, line 12 N/A Gross income from members on spakeholders Corespints, included on Form 990 Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Corespints, included on Form 990 Part VIII, line 12, for public use of club facilities 12 Section 501(c)(12) organizations. Enter Corespints, included on Form 990 Part VIII, line 12, for public use of club facilities 13 Section 501(c)(2) qualified nonprofit health minum security of the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 14 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization is 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. Define the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization on schedule O. If "Yes," has it filed a Form 720 to report these pay	d				_		v
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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.					15		X
If "Yes," complete Form 4720, Schedule O.							v
	16		t income?		16		A
		It "Yes," complete Form 4720, Schedule O.			Form	900	(2020

59-2380770 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	, 1	3		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent1	, 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi				
_	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the di				
·	of officers, directors, trustees, or key employees to a management company or other person?	•	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990				X
5	Did the organization become aware during the year of a significant diversion of the organization's assets		5		X
6			6		X
_	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appo		•		
7a		TIL ONE OF	70	X	
	more members of the governing body?		7a	125	
b	() ()	knolders, or			X
_	persons other than the governing body?	the fellouines	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	=		х	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	d at the	9		x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Code.)		1	·
				Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap-				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the form?	11a	X	
b				1,,,	
12a			12a	X	
b			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe		١	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
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?				
а	, , , , , , , , , , , , , , , , , , , ,		15a	X	
b	Other officers or key employees of the organization		15b	X	
	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	t with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	s participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (Section 501(c)	(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.				
	X 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, confli	ct of interest policy,	and fina	ncial	
	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			
	MICHAEL J RAPOSA - 727-823-2516				
	384 15TH STREET NORTH, ST. PETERSBURG, FL 33705				

Form 990 (2020) SOUTH PINELLAS, INC. 59-23 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.

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

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

(A)	(B)	l		(C		про	1000	(D)	(E)	(F)
Name and title	Average	١		Posi	ition	1 than		Reportable	Reportable	Estimated
Tanno ana mo	hours per	box	, unle:	ss per	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a di	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	eg.			ated		organization	(W-2/1099-MISC)	from the
	related	ıstee	truste		gy.	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL RAPOSA	40.00	=		0	~	工品	E	r (C)		
CEO	1.00			х		l .		249,667.	0.	29,468.
(2) SHEILA LOPEZ	40.00									-
c00	1.00			Х				134,059.	0.	0.
(3) MARY LU KILEY	40.00									
CFO	1.00			X	1			85,699.	0.	176.
(4) PAT SULLIVAN	4.00							_	_	_
PRESIDENT	1.00	X						0.	0.	0.
(5) PENNY SIMONE	1.00	1	•							
VICE PRESIDENT	1.00	X						0.	0.	0.
(6) SUSAN KING-DWYER	1.00									
SECRETARY	1.00	Х						0.	0.	0.
(7) BILL CONDON	1.00	,,								0
TREASURER	1.00	Х						0.	0.	0.
(8) RICKY BOUCHARD	1.00	Х						0.	0.	0.
BOARD MEMBER (9) GARY BISHOP	1.00	^						0.	0.	0.
		Х						0.	0.	0.
BOARD MEMBER	1.00	Δ						0.	0.	<u> </u>
(10) ISABEL DARCY BOARD MEMBER	1.00	Х						0.	0.	0.
(11) VERA KOEHNKE	1.00	^						0.	· ·	
BOARD MEMBER	0.00	X						0.	0.	0.
(12) EDWINA MAXWELL	1.00							0.		
BOARD MEMBER	1.00	x						0.	0.	0.
(13) KEVIN MCKEEFERY	1.00	-								
BOARD MEMBER	1.00	х						0.	0.	0.
(14) JOSEPH SABATINO	1.00							-	-	
BOARD MEMBER	1.00	х						0.	0.	0.
(15) JAMES YESKE, SR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) NATE PENHA	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.

Form **990** (2020)

Form 990 (2020)

	990 (2020)			10	•					0 7 7 0		age C
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employees (continued)			
	(A)	(B)			((C)			(D) (E)		(F)	
	Name and title	Average	(do		Pos		than	one	Reportable Reportable	E	stimate	ed
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation compensation	a a	mount	of
		week	_	cer ar	nd a d	irecto	or/trus	itee)	from from related		other	
		(list any	ector						the organizations		npensa	
		hours for related	or di	98			sated		organization (W-2/1099-MISC)	1	from th	
		organizations	ustee	trustee		9	suadu		(W-2/1099-MISC)	1 '	ganizat nd relat	
		below	ual tr	tional		ploye	st con	_			anizat	
		line)	Individual trustee or director	Institutional	Officer	key employee	Highest compens employee	Former		l	, ai iizat	10110
			=	=	0		± ø	-		+		
							\vdash			+		
						 	\vdash			+		
							\vdash			_		
									7,0			
						<u> </u>	_		101	+		
						<u> </u>	\vdash			+-		
							C		ľ			
	Subtotal						\ <u>-</u>		469,425. 0	+ 2	29,6	44.
	Total from continuation sheets to Part V					1			0. 0		, 0	0.
	Total (add lines 1b and 1c)			- 10)			469,425. 0		29,6	•
2	Total number of individuals (including but n				d al	hov	 	no re		<u>·1 -</u>	, 0	
_	compensation from the organization	lot illimited to th	1030	iiot	bu a	DOV	C) WI	10 10	sectived more than \$100,000 of reportable			2
	compensation from the organization)	•							Yes	No
3	Did the organization list any former officer,	director, trust	ee. I	cev e	emn	love	e. o	r hia	hest compensated employee on			
•	line 1a? If "Yes," complete Schedule J for	- 1		-		-		_	mest compensated employee on	3		х
4	For any individual listed on line 1a, is the st											
•	and related organizations greater than \$15			-					· · · · · · · · · · · · · · · · · · ·	4	х	
5	Did any person listed on line 1a receive or a											
J	rendered to the organization? If "Yes " com							Jiuli	od organization of individual for solvidos	5		x

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SOUTHERN BUILDERS OF FLORIDA INC		
2119 NE COACHMAN ROAD, CLEARWATER, FL 33765	SUBCONTRACTOR	1,040,658.
VANMALI LLC DBA AMERICANA DBA SUPER 8		
321 E FLETCHER AVENUE, TAMPA, FL 33612	SHELTER	202,935.
GM FINANCAL LEASING		
PO BOX 78143, PHOENIX, AZ 85062	VEHICLE LEASING	176,523.
COREPOINT LLC DBA LA QUINTA		
3701 EAST FOWLER AVENUE, TAMPA, FL 33612	SHELTER	164,688.
PARKER HOUSE PROPERTIES INC		
4818 CORONADO PARKWAY, CAPE CORAL, FL 33904	SHELTER	151,104.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 10		
\$100,000 of compensation from the organization 10		- 000 (2222)

Form **990** (2020)

59-2380770 Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 62,400 c Fundraising events 1c d Related organizations 1d 33,511,193 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11,128,033 1f 5,857,650 g Noncash contributions included in lines 1a-1f 1g |\$ 44,701,626 h Total. Add lines 1a-1f **Business Code** 2 a THRIFT SHOP REVENUE 832,103 Program Service Revenue 453310 832,103 RENTAL INCOME - HOUSING 624100 405,585 405,585 С All other program service revenue 1,237,688 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 18,310. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 616,964 assets other than inventory 7a b Less: cost or other basis Other Revenue 608,555 7b and sales expenses 8,409 c Gain or (loss) 8,409 8,409. d Net gain or (loss) 8 a Gross income from fundraising events (not 62,400 of including \$ contributions reported on line 1c). See Part IV, line 18 13,617 **b** Less: direct expenses _____ 2,428 11,189, c Net income or (loss) from fundraising events 11,189 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER INCOME 900099 133,277 133,277 b HPS LLC K-1 561439 152 152 С **d** All other revenue

12 032009 12-23-20

Form **990** (2020)

37,908.

152

133,429

46,110,651

Total. Add lines 11a-11d

Total revenue. See instructions

1,370,965

Part IX Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	•		omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17,065,733.	17,065,733.		
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	499,068.	420,116.	74,410.	4,542
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	9,688,878.	8,156,099.	1,444,598.	88,181
8	Pension plan accruals and contributions (include			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	section 401(k) and 403(b) employer contributions)	42,640.	36,383.	5,916.	341
9	Other employee benefits	1,308,076.	1,116,134.	181,475.	10,467
10	Payroll taxes	780,156.	663,702.	109,391.	7,063
11	Fees for services (nonemployees):		0.		
а	Management		(0)	_	
b	Legal	19,548.	12,991.	6,372.	185
С	Accounting	32,283.	21,455.	10,523.	305
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	83,256.	55,332.	27,138.	786
12	Advertising and promotion				
13	Office expenses	296,851.	232,323.	24,481.	40,047
14	Information technology	480,225.	431,829.	42,940.	5,456
15	Royalties)			
16	Occupancy	996,975.	964,981.	31,038.	956
17	Travel	495,082.	484,232.	10,820.	30
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	204,715.	198,127.	6,213.	375
20	Interest	20,722.	20,381.	341.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	579,764.	430,235.	149,529.	
23	Insurance	270,239.	225,986.	41,421.	2,832
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	1,015,215.	975,013.	40,180.	22
b	CLOTHING & HOUSEHOLD GO	578,709.	578,709.		
С	MAINTENANCE AND REPAIRS	336,804.	325,190.	10,550.	1,064
d	DONATED FOOD	249,177.	249,177.		
е	All other expenses	704,214.	596,448.	100,712.	7,054
25	Total functional expenses. Add lines 1 through 24e	35,748,330.	33,260,576.	2,318,048.	169,706
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02201	0 12-23-20			•	Form 990 (2020

Part X Balance Sheet

· u	IL A	balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			203,174.	1	150,490
	2	Savings and temporary cash investments	1,806,241.	2	334		
	3	Pledges and grants receivable, net	1,361,542.	3	6,188,428		
	4	Accounts receivable, net	20,392.	4	291,652		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			52,600.	8	69,342
As	9	Prepaid expenses and deferred charges			131,839.	9	189,314
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,396,133.			
	b	Less: accumulated depreciation	10b	3,780,734.	16,040,900.	10c	21,615,399
	11	Investments - publicly traded securities			162,474.	11	5,255,933
	12	Investments - other securities. See Part IV, line 1			-07	12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			445,541.	15	476,755
	16	Total assets. Add lines 1 through 15 (must equal			20,224,703.	16	34,237,647
	17	Accounts payable and accrued expenses			2,601,622.	17	2,408,230
	18 Grants payable					18	
	19	Deferred revenue	193,368.	19	29,587		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
S	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ited thi	rd parties	6,373,799.	23	9,702,123
	24	Unsecured notes and loans payable to unrelated	d third	parties	1,111,400.	24	0
	25	Other liabilities (including federal income tax, pa	to related third				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			10,280,189.	26	12,139,940
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			5,647,756.	27	12,033,140
Ä	28	Net assets with donor restrictions			4,296,758.	28	10,064,567
Š		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
<u>г</u> Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
Ä	31	Retained earnings, endowment, accumulated in			0.044.544	31	00 000 000
Š	32	Total net assets or fund balances	9,944,514.	32	22,097,707		
	33	Total liabilities and net assets/fund balances			20,224,703.	33	34,237,647

Ра	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,13		
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,74		
3	Revenue less expenses. Subtract line 2 from line 1	3	10,36		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,94		
5	Net unrealized gains (losses) on investments	5	32	<u> </u>	104.
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	1,46	54,4	.68 .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	22,09	}7,7	<u>′07.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	\perp	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			1	
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			۱	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	110		Forr	ո 990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

SOCIETY OF ST VINCENT DE PAUL Name of the organization Employer identification number SOUTH PINELLAS, INC. 59-2380770 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 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(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: An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. 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. 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. ☐ 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. 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 SOUTH PINELLAS, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 9251297. 12512564. 13795921. 20004696. 44701626. 100266104 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 9251297.12512564.13795921.20004696.44701626.100266104 4 Total. Add lines 1 through 3 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) 6065189. 94200915. 6 Public support. Subtract line 5 from line 4 Section B. Total Support **(c)** 2018 **(b)** 2017 (d) 2019 Calendar year (or fiscal year beginning in) (a) 2016 (e) 2020 (f) Total 12512564. 13795921. 9251297. 20004696.44701626.100266104 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 548 2,856 4,237 18,310. 26,550. and income from similar sources 9 Net income from unrelated business activities, whether or not the 12,832. 11,341. 24,173. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 100316827 **11 Total support.** Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 4,713,648. 13 First 5 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 93.90 14 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoons Xb 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, 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

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 Schedule A (Form 990 or 990-EZ) 2020

b 10% -facts-and-circumstances test - 2019. 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

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

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

80	qualify under the tests listed beating A. Public Support	elow, please comp	plete Part II.)							
		() 0040	#1.0047	() 0040	(1) 0040	() 2000	(0 T)			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that									
	are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf				1					
5	The value of services or facilities				- 3					
Ŭ	furnished by a governmental unit to									
	the organization without charge				OX					
6	Total. Add lines 1 through 5			1						
				1						
16	Amounts included on lines 1, 2, and									
	3 received from disqualified persons Amounts included on lines 2 and 3 received			1 A (7)						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year									
(Add lines 7a and 7b			5						
	Public support. (Subtract line 7c from line 6.)		1)						
	ction B. Total Support				•					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 6		1,60	, ,	,	,	· · · · · · · · · · · · · · · · · · ·			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources),							
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	10110								
	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, 10c, 11, and 12.)									
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,			
	check this box and stop here	•		,						
Se	ction C. Computation of Publ									
	Public support percentage for 2020 (column (f))		15	%			
	Public support percentage from 2019					16	<u>%</u>			
	ction D. Computation of Investigation					10	70			
	-					47	0/			
17										
	3 Investment income percentage from 2019 Schedule A, Part III, line 17									
198										
k	more than 33 1/3%, check this box a 33 1/3% support tests - 2019. If the									
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	▶⊒			
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions				

032023 01-25-21

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
ı			
	3a		
	3b		
ł	3с		
	4a		
H	4a		
ł	4b		
	4c		
	5a		
ı	Ja		
	5b		
Ī	5c		
	6		
	7		
	8		
	9a		
	Ob-		
ł	9b		
	9с		
ļ	10a		
	10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	tion 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 yea(see instructions).	'		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in:	otruotio	no)	
C	Activities Test. Answer lines 2a and 2b below.	Struction	$\overline{}$	No
2			Yes	No
а	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.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	21)		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	<u>, , , , , , , , , , , , , , , , , , , </u>			

032025 01-25-21

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		. \	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d)	
е	Discount claimed for blockage or other factors	0		
	(explain in detail in Part VI):	JY		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v intear	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 SOUTH PINELLAS, INC.

Par	rt V Type III Non-Functionally	ntegrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	tion D - Distributions			•		Current Year
1	Amounts paid to supported organizations	to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that dire	ctly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accompl	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use asse	ets			4	
5	Qualified set-aside amounts (prior IRS app	proval required - pro	ovide details in Part VI)		5	
6	· · · · · · · · · · · · · · · · · · ·	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 th	rough 6.			7	
8	Distributions to attentive supported organ	izations to which the	he organization is responsive	e		
	(provide details in Part VI). See instruction				8	
9	Distributable amount for 2020 from Section	on C, line 6			9	
10	Line 8 amount divided by line 9 amount				10	
Secti	tion E - Distribution Allocations (see instru	uctions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section	n C, line 6				
2	Underdistributions, if any, for years prior t	o 2020 (reason-				
	able cause required - explain in Part VI). S	ee instructions.		70,		
3	Excess distributions carryover, if any, to 2	020		~ () \		
	From 2015					
	From 2016		_			
	From 2017					
	From 2018		.(0			
	From 2019					
	Total of lines 3a through 3e		6			
	Applied to underdistributions of prior year	S				
	Applied to 2020 distributable amount					
<u>i</u>	, , , , , , , , , , , , , , , , , , , ,	,				
	Remainder. Subtract lines 3g, 3h, and 3i f	rom line 3f.				
4	Distributions for 2020 from Section D,					
	line 7: \$ Applied to underdistributions of prior year		V			
	Applied to underdistributions of prior year Applied to 2020 distributable amount	5				
	Remainder. Subtract lines 4a and 4b from	ling 4				
	Remaining underdistributions for years pr					
•	any. Subtract lines 3g and 4a from line 2.	*				
	than zero, explain in Part VI. See instructi					
6	Remaining underdistributions for 2020. St					
•	and 4b from line 1. For result greater than					
	Part VI. See instructions.	20,0,0,0,0,0,0				
7	Excess distributions carryover to 2021.	Add lines 3i				
	and 4c.	,				
8						
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
_е	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

SOCIETY OF ST VINCENT DE PAUL

Schedule A (Form 990 or 990-EZ) 2020 SOUTH PINELLAS, INC. 59-2380770 Page 8 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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.

Employer identification number

59-2380770

Organiz	ation type (check or	ie):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if	your organization is	covered by the General Rule or a Special Rule.
Note: Or	nly 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	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	cis ^s
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
		described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
		nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., aplete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
SOCIETY OF ST VINCENT DE PAUL
SOUTH PINELLAS, INC.

Employer identification number

59-2380770

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Name, address, and Zir + 4	\$ 22,090,532.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 6,202,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	- <u> </u>	\$5,029,765.	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Name, address, and Zir + 2	\$ 3,685,032.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$ <u>1,111,400</u> .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization
SOCIETY OF ST VINCENT DE PAUL
SOUTH PINELLAS, INC.

Employer identification number

59-2380770

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
3			
		\$ 5,029,765.	12/01/20
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(Ode mondono.)	
		\$ 600	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
	5-20	\$	990. 990-EZ. or 990-PF) (

Employer identification number

Name of organization

	TY OF ST VINCENT DE PAU	L				
	PINELLAS, INC.				59-2380770	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	through (e) and the followi	na line entry. For a	organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of	1,000 or less for t	he year. (Enter this info. once	e.) > \$	
(a) No.	ose duplicate copies of Fart III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Desc	ription of how gift is held	
1 ditti						
_						
		(e) Transf	er of gift			
	Transferos's name address of	nd 7ID + 4	В	alationship of tra	noforor to transferoe	
-	Transferee's name, address, a	110 ZIP + 4	n	elationship or tra	nsferor to transferee	
					_	
					_	
(a) No. from	(b) Purpose of gift	(c) Use of (aift	(d) Desc	ription of how gift is held	
Part I	(-,,	(-,	,	0,411		
)		
			30			
		(e) Transt	er of gift			
_	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
					_	
		-()				
		1,60				
(a) No. from	415		-61	(1) 5		
Part I	(b) Purpose of gift	(c) Use of g	унт	(a) Desc	ription of how gift is held	
		<u> </u>				
				-	_	
-		(e) Transf	er of aift			
		(0)	J. 5. 3			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
		_				
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Desc	ription of how gift is held	
				_		
-		(a) Transf	iou of wift			
		(e) Transt	ei oi giit			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
	,,					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

SOCIETY OF ST VINCENT DE PAUL

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SOUTH PINELLAS, INC.

Employer identification number 59-2380770

Schedule D (Form 990) 2020

Pa			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	• •	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	~~
	Preservation of land for public use (for example, recreati	on or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	30	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	eture
	listed in the National Register	(()	2d
3	Number of conservation easements modified, transferred, rele		ne organization during the tax
	year ▶	.0	
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stater	ments that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	· '	
	of art, historical treasures, or other similar assets held for publ	· ·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance 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 trea		ial gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Sche		OF ST VINCENT	DE PA	UL		59-2	2380770	Page 2
	t III Organizations Maintaining Co		torical Tr	easures. o	or Other S			
3	Using the organization's acquisition, accession	· · · · · · · · · · · · · · · · · · ·					•	
	collection items (check all that apply):	,,	,					
а	Public exhibition	d \square	Loan or excl	nange progra	am			
b	Scholarly research		Other	0 1 0				
С	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain how th	ney further th	ne organizati	on's exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be main	tained as part of the orga	nization's co	llection?		[Yes	☐ No
Par	t IV Escrow and Custodial Arrange	ements. Complete if the	organizatio	n answered '	"Yes" on Fo	rm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part >	K, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contribution	s or other as	sets not inc	luded		
	on Form 990, Part X?					[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the following	table:					
							Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Forr	n 990, Part X, line 21, for	escrow or cu	istodial acco	ount liability?	' l	Yes	└─ No
_	If "Yes," explain the arrangement in Part XIII. C							
Par			"Yes" on Fo	_			. 1 _	
	——————————————————————————————————————	a) Current year (b) F	rior year	(c) Two year	rs back (d)	Three years ba	ck (e) Four y	ears back
	Beginning of year balance		4	?, 				
b	Contributions							
C	Net investment earnings, gains, and losses			•				
d	Grants or scholarships		6					
е	Other expenditures for facilities							
	and programs		_					
	Administrative expenses							
_	End of year balance	t year and balance (line 1	a column (a	// bold oo:				
2	Board designated or quasi-endowment	it year end balance (line 1	g, column (a	i)) neid as:				
a	Permanent endowment	06						
D	Term endowment > %	70						
C	The percentages on lines 2a, 2b, and 2c should	Loguel 100%						
32	Are there endowment funds not in the possess		at are held a	nd administs	ared for the	organization		
Ja	by:	on or the organization the	at are rield a	na administe	red for the t	organization	T _v	es No
								63 140
	(**) D. I. I. I. I. I. I. I.						0 (**)	
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on S						
4	Describe in Part XIII the intended uses of the or							
_	t VI Land, Buildings, and Equipme							
	Complete if the organization answered		/, line 11a. S	ee Form 990), Part X, line	e 10.		
	Description of property	(a) Cost or other	(b) Cost		(c) Accu		(d) Book	value
		basis (investment)	basis (depred			
1a	Land		1,93	6,686.	_		1,936	,686.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,936,686.		1,936,686.
b Buildings		21,749,681.	3,075,578.	18,674,103.
c Leasehold improvements				
d Equipment		1,383,714.	566,008.	817,706.
e Other		326,052.	139,148.	186,904.
Total. Add lines 1a through 1e. (Column (d) must equa	21,615,399.			

Schedule D (Form 990) 2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 900 Part IV line	o 11h Soo Form 000 Part V line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1) Financial derivatives	(b) Dook raids	(c) memor or raisement even or end	. or your marries raids
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
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	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end	d-of-year market value
(1)			
(2)		-0,	
(3)			
(4)			
(5)			
(6)			
(7)		10	
(8)			
(9)		O *	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	10		
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)	<u> </u>		
(4)			
(5)	<u>'</u>		
(6)			
(7)			
(8)			
(9) 	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
	on Form 000 Dort IV line	a 11 a av 11f Can Farm 000 Dart V lina 05	
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, Ilne	e TTe or TTf. See Form 990, Part X, line 25	. (b) Book value
			(b) DOOK value
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
(5)			
(6) (7)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)		
i otali (Columni (b) musi equal i omi 330, i art A, Col. (b) illi	·/		

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 XIII... X

Schedule D (Form 990) 2020

	edule D (FOITH 990) 2020 800111 1 1111111111111111111111111		33 2300110	rayer
Pai	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i> <i>Y</i>	
а			<u> </u>	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	(
е	Add lines 2a through 2d	0	2e	
3	Subtract line 2e from line 1	(0)	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	/	4b		
С	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part), line 18.))	5	
Da	rt YIII Supplemental Information			

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:

INCOME TAXES ARE NOT PROVIDED FOR IN THE CONSOLIDATED FINANCIAL STATEMENTS SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE PROVISIONS. SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S TAX EXEMPT STATUS.

THE ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS TAKEN THAT ARE TAX YEARS AFTER 2017 SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOCIETY OF ST VINCENT DE PAUL

Employer identification number 59-2380770

	THETHAS, THC.				33-2300	7 7 0	
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover ising o ding o onal f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)							
		Yes	No	()	listed in Col. (1)		
			•	8			
		2	7				
		5)				
	O_{I_2}						
	(C)						
	10,						
Q	<u> </u>						
Total			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration	
						-	

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Schedule G (Form 990 or 990-EZ) 2020

		le G (Form 990 or 990-EZ) 2020 SOUTH E				-2380770 Page 2
Pa	ırt					
		of fundraising event contributions and g		(b) Event #2		ots greater than \$5,000.
			(a) Event #1 PIZZA	(b) Event #2	(c) Other events NONE	(d) Total events
			PALOOZA	EMPTY BOWLS	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			(Crain type)	(6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 ((10141111111111111111111111111111111111	+
eve	1	Gross receipts	16,377.	59,640.		76,017.
Œ				-		
	2	Less: Contributions	16,377.	46,023.		62,400.
	3	Gross income (line 1 minus line 2)		13,617.		13,617.
	4	Cash prizes				
	_ ا	Namesala sidasa				
S	5	Noncash prizes				+
Sus	6	Rent/facility costs				
Direct Expenses	ľ	Tions tability decite				
SC E	7	Food and beverages			())	
Ë						
	8	Entertainment				
	9	Other direct expenses	124.	2,304.		2,428.
	10	, ,			>	2,428.
De	11 rt	Net income summary. Subtract line 10 from		- 000 Dath/ East 40 and		11,189.
F	וונ	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		ψ13,000 0111 01111 930-LZ, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u>~</u>	1	Gross revenue	60.			
Se	2	Cash prizes				
ens						
Expenses	3	Noncash prizes				
ect	١,	Dort fee ility south				
Ë	4	Rent/facility costs	<u> </u>			+
	_	Other direct expenses				
	Ť	Cutof direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		•				
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d))	
_		A control of the cont				
		ter the state(s) in which the organization cond the organization licensed to conduct gaming a	· · · –	atatas?		Yes No
		N.L. III. a I a line .				. Lifes Linu
		No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2020

SOCIETY OF ST VINCENT DE PAUL

Sch	edule G (Form 990 or 990-EZ) 2020 SOUTH PINELLAS, INC.	<u> 59-23</u> 8	3077) Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	10	8a	%
				//
	An outside facility		ן טפ	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:		
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	nt		
	of gaming revenue retained by the third party > \$			
c	: If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
10	Carring manager information.			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
				_
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	
	retain the state gaming license?		_ res	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part II	, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

· · · · · · · · · · · · · · · · · · ·	OF ST VINC INELLAS, IN	ENT DE PAUI	1				Employer identification number 59-2380770
Part I General Information on Gran	ts and Assistance						
Does the organization maintain recording criteria used to award the grants or a Describe in Part IV the organization's Part II Grants and Other Assistance	assistance? s procedures for moni to Domestic Organi	toring the use of grant zations and Domest	t funds in the Unite	ed States.	•		Yes X No
recipient that received more th		·	-	i	(f) Mathed of	1	
Name and address of organizatio or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				Ne			
			3/0	5			
		<	7/5				
		10/10					
	<) (
2 Enter total number of section 501(c)(3) and government or	ganizations listed in th	he line 1 table				>
3 Enter total number of other organizat	tions listed in the line	1 table					

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ENT, UTILITIES - SSVF	1051	11,620,193.	0.		
RENT, UTILITIES - RAPID RE-HOUSING	722	5,366,992.	0.	6	
				OX	
ENT, UTILITIES - PERMANENT SUPPORTIVE HOUSING	125	61,097.	0.		
			1400		
ENT, UTILITIES - CARE CENTER	512	15,705.	0.		
		70			
RENT, UTILITIES, MEALS - CENTER OF HOPE/BRIDGING		~C)			
FAMILIES/FOOD CENTER	231	1,746.	0.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTS ARE MONITORED IN ACCORDANCE WITH SVDP CARES PERFORMANCE QUALITY

IMPROVEMENT PLAN WHICH MEASURES COMPLIANCE WITH CONTRACT DELIVERABLES

INCLUDING BOTH OUTPUTS AND OUTCOMES AS IDENTIFIED IN THE CONTRACTS. THE

FINANCE DEPARTMENT MONITORS THE EXPENDITURES FOR COMPLIANCE WITH

REGULATIONS AND TO ENSURE FUNDS ARE EXPENDED BY THE END OF THE GRANT TERM.

SCHEDULE J (Form 990)

Compensation Information

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.

Open to Public Inspection

59-2380770

Internal Revenue Service

Name of the organization

Department of the Treasury

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

SOCIETY OF ST VINCENT DE PAUL

SOUTH PINELLAS, INC.

Employer identification number

OMB No. 1545-0047

Questions Regarding Compensation Part I No Yes 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 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. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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: X a Receive a severance payment or change-of-control payment? X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X 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. 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? Х 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

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

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

Schedule J (Form 990) 2020

6a

6b

Х

X

Х

Х

contingent on the net earnings of:

b Any related organization?

Regulations section 53.4958-6(c)?

a The organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) MICHAEL RAPOSA	(i)	230,682.	18,554.	431.	21,820.	7,648.		0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)				7.0	<u> </u>			
	(i)								
	(ii)								
	(i) (ii)				(0				
	(i)								
	(ii)			5					
	(i)			.03					
	(ii)			70					
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	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
90,
401

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization

SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.

Employer identification number 59-2380770

Pai	rt i Types of Property			_				
		(a)	(b)	(c)	(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d		•	
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ulion a	mount	.S
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		578,709.	THRIFT SHO	P VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property				1			
9	Securities - Publicly traded	X	1	5,029,765.	MARKET PRIC	CING		
10	Securities - Closely held stock))			
11	Securities - Partnership, LLC, or			-07				
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			0.				
	Historic structures			40				
14	Qualified conservation contribution - Other							
15	Real estate - Residential			5				
16	Real estate - Commercial			9				
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	146,572	249,176.	COST - MUL	ripl	E D	ОИО
20	Drugs and medical supplies		(2)					
21	Taxidermy							
22	Historical artifacts		7					
23	Scientific specimens	C						
24	Archeological artifacts	\bigcirc						
25	Other (
26	Other (
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•				v
_	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.		andra de anal	af ann manatar developed at 1.9.		64	Х	
31	Does the organization have a gift acceptance p					31		
32a	Does the organization hire or use third parties		•			20-		X
	contributions?					32a		<u> </u>
	If "Yes," describe in Part II.	aluman (a) f -	* 0 tupo of	v for which only (-) :!-	ankad			
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y for which column (a) is che	eckea,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Sched	ule M (F														59-23807		Page 2
Part	i	s repor	ting in	Part I.	, colur	mation nn (b), t I inform	he num	ide the ber of o	info conti	rmation r ributions,	equire the r	ed by Pa number (art I, lines (of items re	30b, 32b, and 33, ceived, or a coml	and whether the opination of both. Al	rganizatior so complet	n te
SCH	EDUL	E M	, P	ART	I,	COL	UMN	(B)	:								
THE	NUM	BER	OF	COI	NTR	IBUT	IONS	IN	C	OLUMN	ГВ	FOR	FOOD	INVENTOR	Y REFLECT	S THE	
NUM	BER	OF	POUI	NDS	RE	CEIV	ED F	'ROM	M	ULTIF	LE	DON	ORS.				
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					X												

Schedule M (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

59-2380770

Name of the organization

SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.

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

MERCY THROUGH INTERPERSONAL CONNECTIVITY.

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

CHARLOTTE, CITRUS, COLLIER, DESOTO, HARDEE, HERNANDO, HIGHLANDS,

HILLSBOROUGH, LAKE, LEE, MANATEE, PASCO, PINELLAS, POLK, SARASOTA, AND

SUMTER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CARE CENTER - OPEN 365 NIGHTS A YEAR, THE CARE CENTER, A

HOUSING-FOCUSED, LOW-BARRIER HOMELESS SHELTER LOCATED IN ST.

PETERSBURG, PROVIDES MATS INDOORS FOR 70 MEN AND WOMEN NIGHTLY TO SLEEP

AND A COURTYARD WHICH PROVIDES A SAFE PLACE FOR PEOPLE TO STAY DURING

THE DAY. CLIENTS ADMITTED TO THE CARE CENTER ARE ASSESSED TO IDENTIFY

AND ADDRESS BARRIERS TO MOVING INTO HOUSING. THE CLIENTS HAVE ACCESS TO

THE HOMELESS STORAGE UNITS WHICH PROVIDE A SAFE AND SECURE PLACE FOR

THE HOMELESS POPULATION TO CHECK-IN THEIR PERSONAL BELONGINGS

THROUGHOUT THE DAY (MORNING AND NIGHT), ENABLING THEM TO ACCESS NEEDED

SERVICES. IN 2021, 512 INDIVIDUALS RECEIVED SHELTER THROUGH THE CARE

CENTER (26,677 MATS) WITH 22% LEAVING FOR PERMANENT HOUSING. OTHER

SAFER EMERGENCY HOUSING ALTERNATIVES WERE PROVIDED TO 1,487 INDIVIDUALS

INCLUDING 1,098 VETERANS WITH 61% MOVING INTO PERMANENT HOUSING.

CENTER OF HOPE - PROVIDES 55 TRANSITIONAL VA GRANT PER DIEM SINGLE

ROOMS OFFERING THREE DIFFERENT SERVICE DELIVERY MODELS (BRIDGE, LOW

DEMAND, AND HOSPITAL TO HOUSING). EACH MODEL OFFERS AN EXTENSIVE ARRAY

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.

Employer identification number 59-2380770

OF SERVICES AND FOCUSES ON EXITING THE VETERAN TO PERMANENT HOUSING. IN

2021, 135 VETERANS WERE ASSISTED WITH 55% EXITING TO PERMANENT HOUSING;

OF THE 97 FAMILIES ASSISTED ON-SITE AND THROUGH ALTERNATIVE LOCATIONS,

74% EXITED TO PERMANENT HOUSING.

BRIDGING FAMILIES - PROVIDES EMERGENCY SHELTER FOR FAMILIES WHO ARE

EXPERIENCING HOMELESSNESS TO ACCESS A SAFE ENVIRONMENT WHILE THEY WORK

TO SECURE STABLE HOUSING. THE PROGRAM PROVIDES 13 SHELTER ROOMS AT THE

CENTER OF HOPE, 23 HOTEL/MOTEL UNITS AND 7 SCATTERED SITE MASTER LEASED

APARTMENTS TO INCREASE SHELTER CAPACITY FOR FAMILY EMERGENCY SHELTER.

CASE MANAGEMENT IS PROVIDED TO HELP PEOPLE DEVELOP A PLAN TO MOVE INTO

PERMANENT HOUSING AND TO PROVIDE SUPPORT AND LINKAGE TO COMMUNITY-BASED

RESOURCES. SVDP CARES WORKS IN PARTNERSHIP WITH MANY LOCAL AGENCIES,

WHO REFER FAMILIES TO THE SHELTER AND PROVIDE RAPID REHOUSING SERVICES.

IN 2021, FAMILY SHELTER SERVED 96 UNDUPLICATED HOUSEHOLDS AND 68%

EXITED TO PERMANENT HOUSING.

FOOD CENTER - PROVIDES NOURISHING MEALS TO THOSE WHO WOULD NOT

OTHERWISE HAVE ENOUGH FOOD FOR THE DAY. THESE INCLUDE: "STREET PEOPLE",

ELDERLY, DISABLED AND FAMILIES WHO ARE LOOKING FOR WORK AND WHOSE FUNDS

HAVE RUN OUT. IN 2021, THE FOOD CENTER SERVED 91,698 MEALS AND 563

INDIVIDUALS RECEIVED FOOD ASSISTANCE.

COMMUNITY THRIFT STORE - SVDP CARES COMMUNITY THRIFT STORE PROVIDES

DONATED CLOTHING, FURNITURE AND HOUSEHOLD GOODS TO PEOPLE WITH

EXTREMELY LOW INCOME LIVING IN ST. PETERSBURG. THE REMAINING

MERCHANDISE IS SOLD AT A LOW COST TO THE COMMUNITY. IN 2021, THE

COMMUNITY THRIFT STORE DISTRIBUTED \$26,209 IN CLOTHING VOUCHERS FOR 931

Name of the organization SOCIETY OF ST VINCENT DE PAUL Employer identification number SOUTH PINELLAS, INC. Employer identification number 59-2380770

PERSONS.

EXPENSES \$ 3,074,508. INCLUDING GRANTS OF \$ 17,451. REVENUE \$ 965,380.

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

EACH PARISH WITHIN ST. VINCENT DE PAUL SOUTH PINELLAS, INC. CONFERENCE

ELECTS A PRESIDENT WHO SERVES ON THE DISTRICT COUNCIL BOARD. THERE ARE

CURRENTLY 11 CONFERENCE PRESIDENTS THAT SERVE ON THE DISTRICT COUNCIL. THE

DISTRICT COUNCIL ELECTS THE OFFICERS OF THE SPECIAL WORKS BOARD OF ST.

VINCENT DE PAUL SOUTH PINELLAS, INC.

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

A COPY OF THE FORM 990 IS GIVEN TO THE FINANCE COMMITTEE FOR THEIR REVIEW.

THE FORM 990 IS FORMALLY APPROVED BY THE SPECIAL WORKS BOARD.

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

EACH OFFICER, DIRECTOR, MEMBER OF A COMMITTEE, AND NEWLY HIRED EMPLOYEE AT THE TIME THEY JOIN THE ORGANIZATION, WILL SIGN A STATEMENT THAT AFFIRMS

HE/SHE HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ IT AND UNDERSTANDS IT, AND AGREES TO COMPLY WITH IT. ALSO, THE ORGANIZATION WILL CONDUCT PERIODIC REVIEWS TO DETERMINE THAT THEY ARE OPERATING IN A MANNER CONSISTENT WITH THEIR CHARITABLE PURPOSE AND DOES NOT ENGAGE IN ANY ACTIVITIES THAT RESULT IN IMPERMISSIBLE PRIVATE BENEFITS TO ANY OFFICER, DIRECTOR, MEMBER OF A COMMITTEE OR EMPLOYEE.

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

COMPENSATION PROCESS FOR TOP OFFICIAL- CHIEF EXECUTIVE OFFICER'S SALARY IS

APPROVED BY THE BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY.

Name of the organization SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.	Employer identification number 59-2380770
COMPENSATION PROCESS FOR TOP OFFICIAL - OFFICER'S SALARY	IS APPROVED BY THE
BOARD OF DIRECTORS AND IS REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL REPORTS AND GOVERNING DOCUMENTS ARE AVAILABLE U	PON REQUEST FOR
THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 610	4.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOAN DISCOUNTS	1,439,574.
EARNINGS FROM VHC	24,894.
TOTAL TO FORM 990, PART XI, LINE 9	1,464,468.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	ITY FOR
OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT AC	COUNTANT. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
;;C	
,1011	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

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

SOCIETY OF ST VINCENT DE PAUL Name of the organization SOUTH PINELLAS, INC.

Open to Public Inspection **Employer identification number** 59-2380770

OMB No. 1545-0047

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
			6,		
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		0			
)			

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	
			501(c)(3))			Yes	No
VINCENTIAN PROPERTIES, INC 81-5385286					SOCIETY OF ST.		
384 15TH STREET N					VINCENT DE PAUL		
ST. PETERSBURG, FL 33705	HOUSING	FLORIDA	501(C)(3)	LINE 7	SOUTH PINELLAS	X	
VINCENTIAN HOUSING CORPORATION, INC					SOCIETY OF ST.		
81-5329916, 384 15TH STREET N, ST.					VINCENT DE PAUL		
PETERSBURG, FL 33705	HOUSING	FLORIDA	501(C)(3)	LINE 10	SOUTH PINELLAS	X	
	1						
	-						

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

Page 2

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

			1	1					1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General c	Percentage
of related organization		(state or	entity	(related, unrelated, lexcluded from tax under	income	end-of-year	end-of-year allocations? amount in		amount in box	partner?	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No	5
										\vdash	
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					4						
						2					
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	enti	tion b)(13) rolled ity?
	. • . ()	country)						Yes	No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X							
b	Gift, grant, or capital contribution to related organization(s)	1b		X							
С	c Gift, grant, or capital contribution from related organization(s)										
	Loans or loan guarantees to or for related organization(s)	1d		X							
	Loans or loan guarantees by related organization(s)										
				Х							
f	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)	1g		Х							
	Purchase of assets from related organization(s)	1h		X							
i	Exchange of assets with related organization(s)	1i		X							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X							
ī	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х							
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х								
	Sharing of paid employees with related organization(s)	10	Х								
р	p Reimbursement paid to related organization(s) for expenses										
a q	Reimbursement paid by related organization(s) for expenses	1q		Х							
·											
r	Other transfer of cash or property to related organization(s)	1r		Х							
	Other transfer of cash or property from related organization(s)	1s		Х							
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.										
	(a) (b) (c) (d) Name of related organization type (a-s) (b) (c) Method of determining amount involved type (a-s)	olved									
1) \	VINCENTIAN HOUSING CORPORATION, INC. N 0.UNABLE TO EASILY DETERMI	NE	VAL	UE							
2) \	/INCENTIAN HOUSING CORPORATION, INC. O 0.UNABLE TO EASILY DETERMI	NE	VAL	UE							
3)											
4)											
5)											
3)											
	A 7										

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all	(f) Share of	(g) Share of	(h)	(i)	(j) General o	(k)
of entity	Filliary activity	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tionate	r- amount in box 20 of Schedule K-1 (Form 1065)) managin	ownershi
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes NO	5
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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name SOCIETY OF ST VINCENT DE PAUL SOUTH PINELLAS, INC.	Employer Identification Number 59-2380770
Based on the information provided with this return, the following are possible carryover amounts to n	ext year.
FEDERAL PRE-2018 NET OPERATING LOSS	472.
	
	CO
O 15	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	S, and tru	ists	
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.				
Type or print	COCTEMN OF CH VINCENT DE DAUI					ation number (TIN)	
File by the due date for filing your	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ee instruc	etions.	<u> </u>	33 2	300770	
return. See instructions	City, town or post office, state, and ZIP code. For a for ST PETERSBURG, FL 33705	oreign add	dress, see instructions.	7			
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicates Is For	ion	Return Code	Application Is For			Return Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above) MICHAEL J RAPO;	06	Form 8870			12	
Telep If the	nooks are in the care of ► 384 15TH STREE! hone No. ► 727-823-2516 organization does not have an office or place of busines is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. ▶nited States, check this box	f this is fo	r the who	le group, check this	
the	equest an automatic 6-month extension of time until experiments or calendar year or at tax year beginning oct 1, 2020 The tax year entered in line 1 is for less than 12 months, occ Change in accounting period	anization': , an	s return for: and ending SEP 30, 2021	the exem		zation return for	
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$						
_	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and			0.	
es	timated tax payments made. Include any prior year overp	· · · · · · · · · · · · · · · · · · ·				0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required, by				
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instruction	ons.	3с	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	ebit) with this Form 8868, see Form 8	453-EO a	nd Form 8	879-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Forr	m 8868 (Rev. 1-2020)	

023841 04-01-20

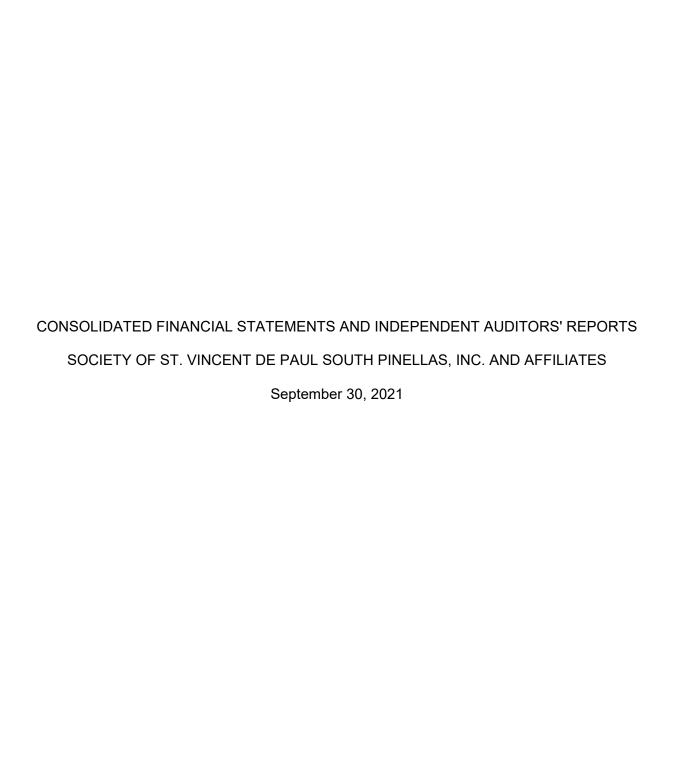


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Member American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

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Stephen G. Douglas Julie A. Davis
Marc D. Sasser, of Counsel
Cesar J. Rivero, in Memoriam (1942-2017)

INDEPENDENT AUDITORS' REPORT

Board of Directors Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates

We have audited the accompanying consolidated financial statements of Society of St. Vincent de Paul South Pinellas, Inc. (a nonprofit organization) and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Society of St. Vincent de Paul South Pinellas, Inc. and Affiliates as of September 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited the Organization's 2020 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated January 20, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2020, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is presented for purposes of additional analysis and is not a required part of the consolidated 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated 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 consolidated financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated February 11, 2022 on our consideration of Society of St. Vincent de Paul South Pinellas, Inc. internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Society of St. Vincent de Paul South Pinellas, Inc. internal control over financial reporting and compliance.

Bueso, Dordiner & Company, O.A

Tampa, Florida February 11, 2022

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

September 30, 2021 (With comparative totals for September 30, 2020)

	2021	2020
ASSETS		
Cash and cash equivalents Investments Grants receivable, net Bequest receivable Other receivables Thrift store inventory Prepaid expenses	\$ 205,278 5,255,933 4,303,396 1,885,032 305,815 69,342 189,314	\$ 2,031,121 162,474 1,361,542 - 18,533 52,600 131,839
Total current assets	12,214,110	3,758,109
Property and equipment, net	22,000,277	16,435,116
Other assets	12,122	5,802
TOTAL ASSETS	\$ 34,226,509	\$ 20,199,027
LIABILITIES AND NET ASSETS		
Accounts payable Accrued liabilities and other liabilities Unearned revenue Accrued construction costs Accrued compensated absences Current portion of long-term debt	\$ 887,794 677,940 29,587 395,644 435,714 516,940	\$ 481,942 415,686 193,368 1,429,956 248,362 1,150,891
Total current liabilities	2,943,619	3,920,205
Long-term debt, net of current maturities and loan costs	9,185,183	6,334,308
Total liabilities	12,128,802	10,254,513
NET ASSETS Without donor restrictions With donor restrictions	12,033,140 10,064,567 22,097,707	5,647,756 4,296,758 9,944,514
TOTAL LIABILITIES AND NET ASSETS	\$ 34,226,509	\$ 20,199,027

CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

For the year ended September 30, 2021 (With comparative totals for September 30, 2020)

	Without donor restrictions	With donor restrictions	Total 2021	Total 2020
REVENUES AND SUPPORT				
Thrift shop revenue	\$ 832,103	\$ -	\$ 832,103	\$ 631,200
Bequests	304,542	3,685,032	3,989,574	3,114,997
Grants from governmental agencies	31,945,663	-	31,945,663	15,440,710
Grants from private agencies	5,308,886	-	5,308,886	161,352
Rental income - transitional housing	473,083	-	473,083	308,921
Donated food given to clients	249,176	-	249,176	267,647
Contributions	173,551	828,137	1,001,688	543,280
Contributions - interest free debt	-	1,724,535	1,724,535	1,702,624
Other income	209,446		209,446	206,175
Long-term debt foregiveness	1,565,530		1,565,530	-
Investment income, net	353,123		353,123	11,712
Total revenues and support	41,415,103	6,237,704	47,652,807	22,388,618
Net assets released from restrictions	469,895	(469,895)		
Total revenues, support and net assets released from restrictions	41,884,998	5,767,809	47,652,807	22,388,618
EXPENSES Program services	33,004,742	-	33,004,742	16,578,074
•	, ,		, ,	, ,
Support services Management and general Fundraising	2,322,738 172,134	-	2,322,738 172,134	1,748,805 189,731
Total support services	2,494,872		2,494,872	1,938,536
rotal support services	2,434,072		2,404,012	1,000,000
Total expenses	35,499,614		35,499,614	18,516,610
CHANGES IN NET ASSETS	6,385,384	5,767,809	12,153,193	3,872,008
Net assets at beginning of year	5,647,756	4,296,758	9,944,514	6,072,506
Net assets at end of year	\$ 12,033,140	\$ 10,064,567	\$ 22,097,707	\$ 9,944,514

CONSOLIDATED STATEMENTS OF CASH FLOWS

For the year ended September 30, 2021 (With comparative totals for September 30, 2020)

	2021			2020
Cash flows from operating activities				
Change in net assets	\$	12,153,193	\$	3,872,008
Adjustments to reconcile change in net assets to net cash		, ,		
provided by operating activities				
Depreciation and amortization		606,254		359,335
Bad debt expense		32,894		-
Loss on disposal of equipment		-		10,147
Net realized and unrealized gains on investments		(342,882)		(7,475)
Accretion of mortgage loan discount		284,961		192,959
Discount on mortgage loan		(1,724,535)		(1,702,624)
Long-term debt foregiveness		(1,565,530)		-
Donation of securities		(5,029,765)		-
(Increase) decrease in operating assets:				
Grants receivable		(2,974,748)		(415,504)
Bequest receivable		(1,885,032)		-
Other receivables		(287,282)		9,074
Thrift store inventory		(16,742)		(3,724)
Prepaid expenses		(57,475)		(106,488)
Other assets		(6,320)		(1,068)
Increase (decrease) in operating liabilities:				
Accounts payable		405,852		124,768
Accrued liabilities and other liabilities		262,254		133,173
Accrued compensated absences		187,352		109,515
Unearned revenue		(163,781)		(56,951)
Total adjustments		(12,274,525)		(1,354,863)
Net cash (used) provided by operating activities		(121,332)		2,517,145
Cash flows from investing activities				
Purchase of investments		(337,776)		(23,074)
Proceeds from investment sales		616,964		-
Purchase of property and equipment		(3,238,754)		(741,754)
Net cash used by investing activities		(2,959,566)		(764,828)
Cash flows from financing activities				
Proceeds from long-term debt		794,509		1,111,400
Net proceeds on line of credit		500,000		-
Payment of loan costs		-		(145,143)
Payments on long-term debt		(39,454)		(848,771)
Net cash provided by financing activities		1,255,055		117,486
Net change in cash, cash equivalents and restricted cash		(1,825,843)		1,869,803
Cash, cash equivalents and restricted cash at beginning of year		2,031,121		161,318
Cash, cash equivalents and restricted cash at end of year	\$	205,278	\$	2,031,121

CONSOLIDATED STATEMENTS OF CASH FLOWS - CONTINUED

For the year ended September 30, 2021 (With comparative totals for September 30, 2020)

	 2021	2020	
Supplemental disclosures of cash flow information Cash paid during the year Interest	\$ 3,570	\$	33,138
Taxes	\$ 	\$	

Supplemental disclosures of non-cash flow investing and financing activities In 2021 and 2020, the Organization invested \$3,949,821 and \$6,061,653, respectively, in construction in progress which was financed by issuance of long-term debt.

In 2021, the Organization received donated common stock valued at \$5,029,765.

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

For the year ended September 30, 2021 (With comparative totals for September 30, 2020)

	Program Services						Support Services							
	Center of Hope	Care Center Shelter	Family Shelter	Food Center	Thrift Store	Supportive Services for for Veterans Families	Rapid Re-housing Program	Permanent Housing	Total Program Services	Management and General	Fundraising	Total Support Services	Total 2021	Total 2020
Salaries	\$ 372,605	\$ 405,934	\$ 76,289	\$ 75,471	\$ 295,423	\$ 4.530.350	\$ 2,674,425	\$ 145,718	\$ 8,576,215	\$ 1,519,008	\$ 92,723	\$ 1,611,731	\$ 10,187,946	\$ 7,090,051
Payroll taxes	29,011	30,622	6,028	5,807	22,300	351,824	209,883	8,227	663,702	109,391	7,063	116,454	780,156	507,965
Employee benefits	37,986	63,190	4,495	16,571	52,411	583,052	375,129	19,683	1,152,517	187,391	10,808	198,199	1,350,716	632,937
Total salaries and		,			- ,									
related expenses	439,602	499,746	86,812	97,849	370,134	5,465,226	3,259,437	173,628	10,392,434	1,815,790	110,594	1,926,384	12,318,818	8,230,953
Donated food	-	-	-	249,177	-	-	-	-	249,177	-	-	-	249,177	267,647
Program supplies	13,755	17,877	4,911	8,305	145,074	18,299	37,550	1,137	246,908	717	32	749	247,657	181,706
Direct assistance to individuals	454	15,705	518	82	-	11,620,193	5,366,992	61,097	17,065,041	442	250	692	17,065,733	5,799,776
Other expenses	2,337	3,527	2,191	942	19,317	31,063	116,835	54,318	230,530	98,351	8,957	107,308	337,838	172,900
Insurance	29,827	1,479	9,508	8,076	18,696	50,155	63,759	44,486	225,986	41,421	2,832	44,253	270,239	321,370
Utilities	98,629	15,679	36,292	21,804	31,665	208,285	69,458	64,656	546,468	16,604	843	17,447	563,915	493,134
Maintenance and repairs	89,384	15,430	31,163	25,029	4,860	66,473	45,255	54,318	331,912	10,550	1,064	11,614	343,526	243,273
Rent	-	2,211	-	-	8,860	314,844	75,647	-	401,562	1,363	101	1,464	403,026	241,365
Security	1,025	875	140	113	772	5,093	24,852	-	32,870	13,071	12	13,083	45,953	18,497
Food costs	76,589	72	26,966	20,938	-	-	5,708	54	130,327	1,202	243	1,445	131,772	147,218
Interest	1,060	148	380	258	-	-	-	298,806	300,652	5,031	-	5,031	305,683	237,802
Professional fees	1,404	1,892	390	1,212	1,764	19,543	11,826	51,747	89,778	44,033	1,276	45,309	135,087	135,689
Contract labor	24,782	4,365	4,688	6,472	108	933,992	606	-	975,013	40,180	22	40,202	1,015,215	719,093
Other supplies and furniture	5,311	1,812	1,622	279	659	79,655	18,997	13,041	121,376	8,350	682	9,032	130,408	75,653
Computer expense	3,258	1,142	538	-	800	304,103	121,988	-	431,829	42,940	5,456	48,396	480,225	307,972
Printing and postage	1,873	1,492	705	661	1,141	92,976	12,077	22	110,947	16,131	39,365	55,496	166,443	145,655
Seminars and training	-	158	-	-	-	156,904	39,469	1,596	198,127	6,213	375	6,588	204,715	96,144
Vehicles and travel	1,854	39	546	3,980	12,710	375,311	89,303	489	484,232	10,820	30	10,850	495,082	333,133
Subtotal	791,144	583,649	207,370	445,177	616,560	19,742,115	9,359,759	819,395	32,565,169	2,173,209	172,134	2,345,343	34,910,512	18,168,980
Depreciation	53,715	34,173	12,610	53,980	20,296		9,892	254,907	439,573	149,529		149,529	589,102	347,630
Total functional expenses	\$ 844,859	\$ 617,822	\$ 219,980	\$ 499,157	\$ 636,856	\$ 19,742,115	\$ 9,369,651	\$ 1,074,302	\$ 33,004,742	\$ 2,322,738	\$ 172,134	\$ 2,494,872	\$ 35,499,614	\$ 18,516,610

The accompanying notes are an integral part of these consolidated statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A brief description of the organization and a summary of its significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follow:

1. <u>Description of the Organization</u>

The accompanying consolidated financial statements include the activities of Society of St. Vincent de Paul South Pinellas, Inc. and its two wholly owned affiliates. All significant interorganization accounts and transactions are eliminated in consolidation.

The Society of St. Vincent de Paul South Pinellas, Inc. (together with its wholly owned affiliates, the "Organization") are Florida not-for-profit corporations whose mission is to alleviate pain and suffering, in a spirit of charity, justice and mercy through person-to-person involvement. The Organizations' target population is the poor, homeless, unemployed and mentally and physically disabled throughout Florida's west coast and surrounding counties.

The Organization maintains an independent board of directors, the Special Works Board. The Special Works Board works closely with the South Pinellas District Council of the National Society of the United States Society of St. Vincent de Paul (the "District Council"). The District Council oversees the overall parish conferences within its geographical jurisdictions; undertakes charitable works and special projects which are beyond the capacity of an individual parish or conference or which have community-wide implication; and initiates and strives to bring about the establishment of new conferences and the revival of inactive conferences.

The Society of St. Vincent de Paul South Pinellas, Inc. formed two wholly owned affiliates, Vincentian Housing Corporation, Inc. (VH) and Vincentian Properties, Inc. (VP), for the purpose of owning and operating real estate used within the programs of the Organization.

The Organization accomplishes its mission through the following operations which are funded through government grants and private contributions where revenue is recognized as services are provided:

Homeless Outreach:

Outreach is provided to ensure the identification of persons experiencing homelessness and living on the street or other places not meant for human habitation. Outreach includes making contact in an effort to engage individuals in services, address basic needs, link to services, and provide follow-up and advocacy with the end in mind of increasing the percentage of persons who move into permanent housing.

Veteran Outreach is conducted in our full-service Area.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Non-Veteran Street Outreach is conducted in Hillsborough, Pasco, Polk, and Sarasota Counties.

Homeless Shelter:

CARE Center is open 365 nights a year. The Care Center, a housing-focused, low-barrier homeless shelter located in St. Petersburg provides mats indoors for 70 men and women nightly and a courtyard which provides a safe place for an additional 50 persons to sleep. Clients admitted to the Care Center are assessed to identify and address barriers to moving into housing.

Center of Hope (located with the CARE Center)

- Bridging Families consists of 21 rooms where families who are experiencing homelessness can access a safe environment while they work to secure stable housing. The Organization works in partnership with many local agencies, who refer families to the shelter and provide rapid rehousing services.
- VA Emergency Contract Shelter provides short-term emergency housing and support for 20 Veterans, who are homeless and recovering from economic, substance use, mental and physical issues while gaining permanency in housing.

Safer Emergency Housing Alternative (SEHA) is a non-congregate, off-site emergency housing initiative for people who are homeless operating in Hillsborough and Pasco Counties and St. Petersburg. The project utilizes hotel/motel vouchers to increase shelter capacity to provide sleeping accommodations along with case management to help people develop a plan to move into permanent housing.

Emergency Housing Assistance (EHA) is a service offered through the Supportive Services for Veterans Families Program ("SSVF") throughout the entire service area that utilizes available hotel/motel rooms to provide a safe place for Veterans while waiting to move into permanent housing.

Bridging Families HLA Collaborative utilizes hotels and apartments under a master lease to provide shelter for homeless families. Families receive case management and referral for housing assistance.

Homeless Transitional:

Center of Hope provides 55 transitional VA Grant Per Diem single-rooms offering three different service delivery models (Bridge, Low Demand, and Hospital to Housing). Each model offers an extensive array of services and focuses on exiting the Veteran to permanent housing.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Homeless Care:

Food Center - The Food Center provides nourishing meals to those who would not otherwise have enough food for the day. These include: "street people", elderly, disabled, and families who are looking for work and whose funds have run out. The Food Center averages 375 meals daily.

Community Food Pantry provides food items and baskets to community members in need of food assistance.

Homeless Persons Storage Units provides a safe and secure place for the homeless population to check-in their personal belongings throughout the day (morning and night), enabling them to access needed services.

Voucher Program is conducted by the Society of St. Vincent de Paul Conferences in South Pinellas County. These vouchers enable clients to obtain furniture and clothing free of charge from SVdP CARES' Community Thrift Store to meet their household needs.

Rapid Re-Housing Services:

Services are provided across 16 counties - Charlotte, Citrus, Collier, Desoto, Hardee, Hernando, Highlands, Hillsborough, Lake, Lee, Manatee, Pasco, Pinellas, Polk, Sarasota, and Sumter.

Supportive Services for Veteran Families provides case management, employment, housing counseling, and temporary financial assistance to help household remain in or gain access to permanent housing throughout our service area.

Returning Home for non-Veteran Families provides case management, employment, housing counseling, and temporary financial assistance to help household remain in or gain access to permanent housing throughout our service area.

Social Enterprise:

SVdP CARES Community Thrift Store provides donated clothing, furniture, and household goods to people with extremely low-income living in St. Petersburg. The remaining merchandise is sold at a low cost to the community. The store oversees truck drivers, truck assistants, cashiers, intake processors, and volunteers. All staff work in conjunction with SSVF to assist throughout the entire South Pinellas area and surrounding areas.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Affordable Housing:

Permanent Supportive Housing

- Ozanam Village I, II, III consists of 90 permanent supportive housing units composed of one and two bedrooms. Residents are persons receiving benefits under the Social Security Disability insurance (SSI) program or Veterans' disability benefits. Individuals and families have incomes that range from 40% to 60% of the area's median income.
- Rosalie Rendu Residences consists of eight (8) permanent supportive housing composed of two (2) studio and six (6) two-bedroom units. Household income cannot be greater than 50% of the Area median Income (AMI).

Vincentian Housing - Tonetta Way consists of five (5) three-bedroom, 2.5 bath townhomes located in Pasco County at affordable rents.

2. Basis of Presentation

The accompanying consolidated financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, which recognizes revenues when earned and expenses when incurred. Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions.

Net assets of the Organization and changes therein are classified and reported as follows:

- <u>With Donor Restrictions</u> Net assets with donor restrictions are net assets subject to donor-imposed stipulations that may be fulfilled by actions of the Organization to meet the stipulations, that may become undesignated by the passage of time, or that require net assets to be permanently maintained, thereby restricting the use of principal.
- Without Donor Restrictions Net assets without donor restrictions are net assets not subject to donor-imposed restrictions or the donor-imposed restrictions have expired. These net assets are available for use at the discretion of the Board of Directors and/or management for general operating purposes.

3. Principles of Consolidation

The accompanying consolidated financial statements include the activities of Society of St. Vincent de Paul South Pinellas, Inc. and its two wholly owned affiliates. All significant interorganization accounts and transactions are eliminated in consolidated.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

4. <u>Liquidity</u>

Assets and liabilities are presented in the accompanying statement of financial position according to their nearness of conversion to cash and, their maturity and resulting use of cash, respectively. See note B for more information on liquidity and availability of assets.

5. Cash and Cash Equivalents

The Organization considers all short-term investments with an original maturity of three months or less to be cash equivalents, except those managed as part of investment strategies for investments held for long term purposes.

The Organization maintains its cash in demand deposit accounts at several financial institutions, which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant credit risk in regard to cash and cash equivalents.

6. 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 statements of financial position. Cash designated for long-term purposes are classified as investments. Investment income is reported in the consolidated statement of activities and consists of interest and dividend income and realized and unrealized gains and losses, net of external investment expenses.

7. Accounts Receivable

Receivables are stated at the amount management expects to collect from outstanding balances. At least annually, management reviews its receivables balances and estimates the portion, if any, that may not be collectible.

Management provides for probable uncollectible amounts through a charge to earnings and a credit to the allowance for doubtful accounts based on its assessment of the current status of individual accounts. Management has determined that the receivables are fully collectible; therefore, no allowance for uncollectible accounts is considered necessary at September 30, 2021.

Grants receivable are based on contracted per diem rates with certain funders; due from federal, state and local grantors; as well as from various other foundations and funding sources. An allowance for all grants receivable at the consolidated statements of financial position date has been established at 3% of outstanding balances. The allowance at September 30, 2021 was \$32,894. All grants receivable are due within one year as of September 30, 2021.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The Organization is the beneficiary of approximately \$3,800,000 under a trust agreement in which clear title has been established and the proceeds are measurable. As of September 30, 2021, the Organization has received approximately half of the expected amount while the remaining is included in the statement of financial position as a bequest receivable. Management believes that all amounts are deemed collectible.

Other receivables represent accrued amounts that have not been billed as of the end of the year but have been earned by the Organization.

8. Property and Equipment

Property and equipment are stated at cost if purchased or estimated fair market value at date of receipt if contributed, less accumulated depreciation. The Organization's capitalization threshold is \$5,000. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 3 to 40 years. Construction in progress is not depreciated until put into service.

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 statement of activities.

Property acquired with grant funds is considered owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition and the ownership of any proceeds are subject to applicable regulations.

9. Loan Costs

Loan costs are presented as a reduction of long-term debt on the accompanying consolidated statements of financial position. Loan costs are amortized over the life of the related loan and recorded as interest expense in the accompanying consolidated statement of activities.

10. <u>Unearned Revenue</u>

Unearned revenue relates to grant funding for which the terms of revenue recognition have not yet been met.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

11. Donated Goods and Services

Donated food is recorded at estimated fair value at the date of donation. Contributed services are recorded as public support at their estimated fair value if the services received create or enhance nonfinancial assets or require specialized skills, are provided by individuals possessing those skills, and would need to be purchased if not provided by donation. Volunteers contribute a significant amount of time to the programs provided by the Organization. The value of this time is not reflected in the accompanying consolidated financial statements, as it does not meet the criteria for recognition.

12. Contributions

Contributions are initially recognized at fair value in the period the promises are received. Conditional contributions or intentions to give are not recognized until they become unconditional, that is, at the time when the conditions on which they depend on are substantially met.

In the absence of donor stipulations, unconditional contributions are reported as revenue without donor restrictions. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as revenue with donor restrictions. Unconditional contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenues without donor restrictions.

Additionally, absent explicit donor stipulations about how long fixed assets must be maintained, the Organization reports expirations of donor restrictions on cash or other assets that must be used to acquire fixed assets when the fixed assets begin construction and/or are acquired.

13. Functional Allocation of Expenses

The costs of providing the various programs and other activities of the Organization have been detailed in the consolidated statements of functional expenses and summarized in the consolidated statements of activities. Expenses that can be identified with a specific program and support service are allocated directly according to their natural expenditure classification. Salaries and other expenses that are not directly allocable are allocated to the various functions based on time and effort. Occupancy costs such as depreciation, utilities, rent, maintenance and repairs, insurance are allocated based on square footage.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE A - DESCRIPTION OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

14. <u>Income Taxes</u>

Income taxes are not provided for in the consolidated financial statements since the Organizations are exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and similar state provisions. The Organizations have been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Internal Revenue Code. Management is not aware of any activities that would jeopardize the Organizations' tax exempt status.

The Organizations are not aware of any tax positions they have taken that are subject to a significant degree of uncertainty. Tax years after 2017 remain subject to examination by federal and state taxing authorities.

15. Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

16. <u>Summarized Comparative Information</u>

The consolidated financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2020, from which the summarized information was derived.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE B - LIQUIDITY AND AVAILABILITY OF RESOURCES

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statements of financial position sheet date, comprise the following at September 30, 2021:

Cash and cash equivalents	\$ 205,278
Investments	5,255,933
Grants receivable	4,303,396
Bequest receivable	1,885,032
Other receivables	305,815
Total financial assets available within one year	11,955,454
Less:	
Amounts unavailable for general expenditures within one year, due to:	
Restricted by donors with purpose restriction	3,839,511
Minimum loan collateral balance requirements	 2,000,000
	 5,839,511
Total financial assets available to management for expenditure within one year	\$ 6,115,943
	 2,113,010

There are donor restrictions on financial assets that are subject to donor or other contractual restrictions. Accordingly, such funds are not available to meet the cash needs in the next 12 months.

The Organization's liquidity management strategy is to structure its financial assets to be available as general expenditures, liabilities and other obligations become due. The Organization also has a line of credit that can be drawn upon to help manage expenditure needs.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE C - INVESTMENTS

Investments are reported at fair value and are summarized as follows at September 30, 2021:

	 Market	Cost		
Cash Equities - common stock Fixed income funds	\$ 2,454 5,210,288 43,191	\$	2,454 5,082,054 43,962	
Tived income failus	\$ 5,255,933	\$	5,128,470	

Investment income consist of the following at September 30, 2021:

Interest and dividend income, net	\$ 10,241
Realized and unrealized gains	 342,882
	\$ 353,123

NOTE D - FAIR VALUE MEASUREMENT

The Organization defines fair value in accordance with U.S. GAAP, which specifies a hierarchy of valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to measurements involving significant unobservable inputs (Level 3). The Organization measures investments at fair value on a recurring basis.

The three levels of the fair value hierarchy are as follows:

- Level 1: Inputs that utilized quoted prices (unadjusted) in active markets for identical assets or liabilities that the Organization has the ability to access.
- 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 to determine the appropriate classification within the 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 guotes obtained from independent third-party sources.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE D - FAIR VALUE MEASUREMENT - Continued

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodology used at September 30, 2021:

Equities - common stock: Composed of common stock securities valued at the closing price reported in the active market place in which the individual securities are traded.

Fixed income funds: Valued at the net asset value (NAV) of shares held at year end.

The following table sets forth by level, the fair value hierarchy, of investments at fair value at September 30, 2021:

	Level 1	Le	vel 2	Le	vel 3	Total	
Investments Cash and cash equivalents Equities Fixed income funds	\$ 2,454 5,210,288 43,191	\$	- - -	\$	- - -	\$	2,454 5,210,288 43,191
	\$ 5,255,933	\$		\$	_	\$	5,255,933

NOTE E - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at September 30, 2021:

Land	\$ 2,021,686
Software	124,454
Buildings	22,094,384
Equipment, furniture and fixtures	1,388,014
Vehicles	160,316
Construction in progress	41,282
	25,830,136
Less accumulated depreciation	(3,829,859)
	\$ 22,000,277

Depreciation expense was \$589,102 for the year ended September 30, 2021.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE F - LONG-TERM DEBT

Long-term debt consisted of the following at September 30, 2021:

Type Debt Holder obligation Due Interest rate per annum Provisions Face Value Discount Value Revolving line of credit Truist \$1,500,000 September 2023 2.84% No \$500,000 \$- \$500,000 Mortgage notes payable City of St. Petersburg \$978,000 January 2032 0.00% Yes 30,000 (14,765) 15,235 Mortgage note payable Florida Housing Finance Corporation \$4,683,000 June 2032 0.00% No 4,512,403 (1,552,794) 2.959,609 Mortgage note payable Florida Housing Finance Corporation \$309,360 June 2032 0.00% Yes 298,219 (102,623) 195,596 Mortgage note payable Florida Housing Finance Corporation \$4,900,000 August 2035 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation \$100,000 June 2037 0.00% No 100,000 (36,113) 63,887 Mortgage note payable Pasco County, Florida \$294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Pasco County, Florida \$400,000 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Truist N/A January 2022 3.25% No 11,806 - 11,806 Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 Less Ioan costs, net of accumulated amortization Less current maturities Long-term debt, net of current maturities and loan costs									
Revolving line of credit Truist \$1,500,000 September 2023 2.84% No \$500,000 \$- \$500,000 Mortgage notes payable City of St. Petersburg \$978,000 January 2032 0.00% Yes 30,000 (14,765) 15,235 Mortgage note payable Florida Housing Finance Corporation \$4,683,000 June 2032 0.00% No 4,512,403 (1,552,794) 2,959,609 Mortgage note payable Florida Housing Finance Corporation \$309,360 June 2032 0.00% Yes 298,219 (102,623) 195,596 Mortgage note payable Florida Housing Finance Corporation \$4,900,000 August 2035 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation \$100,000 June 2037 0.00% No 100,000 (36,113) 63,887 Mortgage note payable Pasco County, Florida \$294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Pasco County, Florida \$400,000 June 2051 0.00% Yes 400,000 (219,760) 180,240 Mortgage note payable Truist N/A January 2022 3,25% No 11,806 - 11,806 Vehicle loans GM Financial N/A December 2023 5,49% No 11,442 - 1			Maximum		Interest rate	Forgiveness		Accumulated	Book
Mortgage notes payable City of St. Petersburg \$ 978,000 January 2032 0.00% Yes 30,000 (14,765) 15,235 Mortgage note payable Florida Housing Finance Corporation \$ 4,683,000 June 2032 0.00% No 4,512,403 (1,552,794) 2,959,609 Mortgage note payable Florida Housing Finance Corporation \$ 309,360 June 2032 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$ 4,900,000 August 2035 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$ 5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation \$ 100,000 June 2037 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Pasco County, Florida \$ 294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage n	Туре	Debt Holder	obligation	Due	per annum	Provisions	Face Value	Discount	Value
Mortgage notes payable City of St. Petersburg \$ 978,000 January 2032 0.00% Yes 30,000 (14,765) 15,235 Mortgage note payable Florida Housing Finance Corporation \$ 4,683,000 June 2032 0.00% No 4,512,403 (1,552,794) 2,959,609 Mortgage note payable Florida Housing Finance Corporation \$ 309,360 June 2032 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$ 4,900,000 August 2035 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$ 5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation \$ 100,000 June 2037 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Pasco County, Florida \$ 294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage n	Davishina line of anodit			0	0.040/			•	4 - 00 000
Mortgage note payable Florida Housing Finance Corporation \$ 4,683,000 June 2032 0.00% No 4,512,403 (1,552,794) 2,959,609 Mortgage note payable Florida Housing Finance Corporation \$ 309,360 June 2032 0.00% Yes 298,219 (102,623) 195,596 Mortgage note payable Florida Housing Finance Corporation \$ 4,900,000 August 2035 0.00% No 4,902,015 (1,709,413) 3,192,602 Mortgage note payable Florida Housing Finance Corporation \$ 5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation \$ 100,000 June 2037 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Pasco County, Florida \$ 294,509 June 2037 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Pasco County, Florida \$ 400,000 June 2051 0.00% Yes 400,000 (219,760) 180,240 Mortgage note pay	•		\$ 1,500,000	September 2023	2.84%	No	\$ 500,000	\$ -	\$ 500,000
Mortgage note payable Florida Housing Finance Corporation Mortgage note payable Florida Housing Finance Corporation Spontage Note payable Pasco County, Florida Spontage Note payable Note Pasco County, Florida Spontage Note payable Pasco County, Florida Spontage Note payable Note Pasco County, Florida Spontage Note Pasco County, Florida Note Pa	Mortgage notes payable	City of St. Petersburg	\$ 978,000	January 2032	0.00%	Yes	30,000	(14,765)	15,235
Mortgage note payable Florida Housing Finance Corporation Mortgage note payable Florida Housing Finance Corporation S 5,000,000 February 2035 0.00% No 4,154,907 (1,429,712) 2,725,195 Mortgage note payable Florida Housing Finance Corporation S 100,000 June 2037 0.00% No 100,000 (36,113) 63,887 Mortgage note payable Pasco County, Florida S 294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Pasco County, Florida S 400,000 June 2051 0.00% Yes 400,000 (219,760) 180,240 Mortgage note payable Truist N/A January 2022 3.25% No 11,806 - 11,806 Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 - 11,442	Mortgage note payable	Florida Housing Finance Corporation	\$ 4,683,000	June 2032	0.00%	No	4,512,403	(1,552,794)	2,959,609
Mortgage note payable Mortgage note payable Mortgage note payable Mortgage note payable Pasco County, Florida \$ 5,000,000 February 2035 0.00% No 100,000 (36,113) 63,887 Mortgage note payable Mortgage note payable Pasco County, Florida \$ 294,509 June 2051 0.00% 0.00% Yes 294,509 (173,175) 121,334 Mortgage note payable Pasco County, Florida \$ 400,000 June 2051 0.00% 0.00% Yes 400,000 (219,760) 180,240 Mortgage note payable Mortgage note payable Pasco County, Florida N/A January 2022 3.25% No 11,806 - 11,806 11,806 Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 - 11,442 Less loan costs, net of accumulated amortization Less current maturities (274,823)	Mortgage note payable	Florida Housing Finance Corporation	\$ 309,360	June 2032	0.00%	Yes	298,219	(102,623)	195,596
Mortgage note payable Mortgage note payable Mortgage note payable Mortgage note payable Pasco County, Florida \$ 100,000 June 2037 0.00% No 100,000 (36,113) 63,887 (31,175) Mortgage note payable Mortgage note payable Pasco County, Florida \$ 294,509 June 2051 0.00% Yes 294,509 (173,175) 121,334 (173,175) Mortgage note payable Mortgage note payable Pasco County, Florida \$ 400,000 June 2051 0.00% Yes 400,000 (219,760) 180,240 (173,175) Vehicle loans GM Financial N/A December 2023 3.25% No 11,806 (5,238,355) 9,976,946 (5,238,355) Less loan costs, net of accumulated amortization Less current maturities (274,823)	Mortgage note payable	Florida Housing Finance Corporation	\$ 4,900,000	August 2035	0.00%	No	4,902,015	(1,709,413)	3,192,602
Mortgage note payable Pasco County, Florida \$ 294,509 June 2051 0.00% Yes 294,509 400,000 (173,175) 121,334 Mortgage note payable Mortgage note payable Vehicle loans Truist N/A January 2022 3.25% No 11,806 - 11,806 Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 Less loan costs, net of accumulated amortization Less current maturities (274,823)	Mortgage note payable	Florida Housing Finance Corporation	\$ 5,000,000	February 2035	0.00%	No	4,154,907	(1,429,712)	2,725,195
Mortgage note payable Truist \$ 400,000 June 2051 0.00% Yes 400,000 (219,760) 180,240 Vehicle loans GM Financial N/A December 2023 5.49% No 11,806 - 11,442 Less loan costs, net of accumulated amortization - - - 11,442 - 11,442 Less current maturities -	Mortgage note payable	Florida Housing Finance Corporation	\$ 100,000	June 2037	0.00%	No	100,000	(36,113)	63,887
Mortgage note payable Vehicle loans Truist N/A January 2022 3.25% No 11,806 - 11,806 Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 Less loan costs, net of accumulated amortization Less current maturities (274,823)	Mortgage note payable	Pasco County, Florida	\$ 294,509	June 2051	0.00%	Yes	294,509	(173,175)	121,334
Vehicle loans GM Financial N/A December 2023 5.49% No 11,442 - 11,442 - 11,442 - 11,442 - 9,976,946 -	Mortgage note payable	Pasco County, Florida	\$ 400,000	June 2051	0.00%	Yes	400,000	(219,760)	180,240
Less loan costs, net of accumulated amortization Less current maturities \$15,215,301 \$(5,238,355) 9,976,946 (274,823)	Mortgage note payable	Truist	N/A	January 2022	3.25%	No	11,806	-	11,806
Less loan costs, net of accumulated amortization (274,823) Less current maturities (516,940)	Vehicle loans	GM Financial	N/A	December 2023	5.49%	No	11,442		11,442
Less current maturities (516,940)							\$15,215,301	\$ (5,238,355)	9,976,946
(0.000)	Less loan costs, net of acc	cumulated amortization							(274,823)
Long-term deht net of current maturities and loan costs	Less current maturities								(516,940)
2,100,100	Long-tern	n debt, net of current maturities and loan o	costs						\$ 9,185,183

All mortgage notes payable are collateralized by real property. Most are collateralized by assignment of rents. The revolving line of credit is collateralized by certain investments. Vehicle loans are collateralized by related vehicles.

Aggregate maturities of debt obligations are as follows at September 30, 2021:

	Expected					
		Principal	Forgiveness			Total
Year ending September 30,						
2022	\$	516,940	\$	-	\$	516,940
2023		5,423		-		5,423
2024		885		-		885
2025		-		-		-
2026		-		-		-
Thereafter		13,669,325	1,022	2,728	1	4,692,053
	\$	14,192,573	\$ 1,022	2,728	1	5,215,301
Unamortized discounts					((5,238,355)
Unamortized loan costs						(274,823)
					\$	9,702,123

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE F - LONG-TERM DEBT - Continued

Loan costs consist of the following as of September 30, 2021:

Loan costs	\$ 325,464
Less accumulated amortization	 (50,641)
	\$ 274,823

The Organization did not incur additional loan costs during the year ended September 30, 2021. Interest expense related to amortization of loan costs was \$17,152 for the year ended September 30, 2021.

Estimated future annual amortization expense associated with loan costs are as follows:

Year ending September 30,

2022	\$ 13,161
2023	12,200
2024	11,689
2025	11,689
2026	11,689
Thereafter	 214,395
	\$ 274,823

The recorded amounts of certain interest-free mortgages are calculated based on fair value using the prevailing market interest rates for similar transactions at the time the mortgages were executed, ranging from 2.84% to 5.01%.

In the years the mortgages and notes were recorded, contribution revenue with donor restrictions was recorded for the difference between the fair value of the loan based on market interest rates (discounted value) and the face value of the loans. Net assets with donor restrictions for 2021 include \$5,238,355 of unamortized discounts for these mortgages.

The amount of net assets with donor restrictions released each year is equal to the change in the difference between the fair value of the mortgages and the face value of the mortgages. Each year, a corresponding amount of interest expense is recognized, and the mortgage note liability is increased (accreted).

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE F - LONG-TERM DEBT - Continued

Certain mortgages and notes will be forgiven at the due date if the property continues to be used for its intended purpose. The City of St. Petersburg mortgage note payable will be forgiven at maturity if the property continues to be used as a Food Center providing means and other assistance to low-income or homeless individuals. The Florida Housing Finance Corporation mortgage note payable will be forgiven at maturity if the property constructed is used to operate housing for persons with extremely low-income.

NOTE G - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions are comprised of the following at September 30, 2021:

Discounts on below market-rate mortgages Net assets with purpose restrictions	\$ 5,238,355 4,826,212			
	\$	10,064,567		

Net assets were released from donor restrictions by incurring expenses satisfying the purpose restrictions specified by donors or through the passage of time for non-interest-bearing mortgages as follows:

Accretion of contributed interest	\$ 184,934
Satisfaction of purpose restrictions	 284,961
	\$ 469,895

NOTE H - IN-KIND CONTRIBUTIONS

The value of in-kind contributions included in the consolidated financial statements and the corresponding expenditures relate to donated food given to clients. In-kind contributions for the year ended September 30, 2021 totaled \$249,176.

NOTE I - OPERATING LEASES

The Organization leases office space to house the remote office locations operating the SSVF programs. The leases are for varying time periods through August 2022 with individual terms for each location. For the year ended September 30, 2021, rent expense was approximately \$382,000, and is included in the consolidated statement of functional expenses.

Additionally, the Organization leases several vehicles through the SSVF program. All of the vehicle leases are for 36 months, with varying maturity dates through March 2022. Vehicle lease expense was approximately \$345,000 for the year ended September 30, 2021, and is included in vehicle and travel expense in the consolidated statement of functional expenses.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE I - OPERATING LEASES - Continued

Future minimum lease payments are as follows:

Year ending December 31,

2022		\$ 629,826
2023		376,760
2024		220,399
2025		184,250
2026		107,192
		\$ 1.518.427

NOTE J - DEFERRED COMPENSATION PLAN

The Organization has a deferred compensation agreement with the CEO under Section 457(b) of the Internal Revenue Code. The Organization holds investments with a value of \$125,492 at September 30, 2021, which are designated as held to fund its obligation under the agreement. The Organization's contributions under the deferred compensation plan totaled \$19,500 for the year ended September 30, 2021. The deferred compensation liability totaled \$137,100 at September 30, 2021, and is included in accrued liabilities and other liabilities in the accompanying consolidated statement of financial position.

NOTE K - RETIREMENT PLAN

The Organization has a Section 403(b) plan for its eligible employees. All employees over the age of 21 are eligible to participate in the plan immediately following date of hire, however employees must complete at least six months of service to receive employer match. Employees are fully vested upon six years of service. The plan provides a discretionary employer match. Plan contributions by the Organization were approximately \$43,000 for the year ended September 30, 2021.

NOTE L - CONCENTRATIONS

The Organization receives support from grantor agencies for its programs. Grant expenditures are subject to audit and adjustment. If any expenditure were to be disallowed by the grantor agency as a result of such an audit, any claim for reimbursement to the grantor agency could become a liability of the Organization.

The Organization receives a substantial portion of its support directly from local government agencies. Continuation of the Organization's program services is dependent upon the continued support of these agencies.

The Organization has approximately 96% of its investments in common stock of a single company at September 30, 2021.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2021

NOTE M - COMMITMENTS AND CONTINGENCIES

Construction in progress consists of development costs and attorney's fees related to the construction of three low-income housing facilities (Facilities) located in Pasco County, Florida. The total cost of the Facilities is estimated to be approximately \$15 million.

Construction of the Facilities is being done in three phases. Phase 1 was completed in August 2018. Phase 2 was completed in November 2021. Phase 3 is currently in development and is expected to be completed in spring of 2022.

At September 30, 2021, the Organization has approximately \$1.3 million remaining on construction contracts related to construction on the Facilities that is in progress. The Organization does not have a liability recorded for the amounts in underwriting, as management believes the Organization has no obligation until the work has been performed.

Expenditures incurred by the Organization are subject to audit and possible disallowance by the federal grantor agencies. Management believes that, if audited, any adjustment for disallowed expenses would be immaterial.

NOTE N - SUBSEQUENT EVENTS

The Organization has evaluated events and transactions occurring subsequent to September 30, 2021 as of February 11, 2022 which is the date the consolidated financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the year ended September 30, 2021

Assistar Listin Federal Grantor / Program Title Numb		Pass-Through Entity Identifiying Number	•	
U.S. Department of Housing and Urban Development				
Passed through the City of St. Petersburg, Florida:				
CDBG – Entitlement Grants Cluster				
Community Development Block Grants/Entitlement Grants	14.218	N/A	\$ 30,000	\$ -
Community Development Block Grants/Entitlement Grants	14.218	B-20-MC-12-0017	66,428	· -
COVID-19 - Community Development Block Grants/Entitlement Grants	14.218	B-20-MW-12-0017	5,712	-
			102,140	-
Passed through Homeless Coalition of Polk County, Inc.:				
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # TPZ17)	56,535	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # TPZ17)	43,557	-
Passed through Mid Florida Homeless Coalition, Inc.:				
Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	159,772	-
Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	25,405	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	39,421	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	4,249	-
COVID-19 - Emergency Solutions Grant Program	14.231	FL-503-REN (Contract # PPZ60)	1,355	-
Passed through the City of St. Petersburg, Florida:				
Emergency Solutions Grant Program	14.231	E-20-MC-12-0017	5,553	-
Passed through Suncoast Partnership:				
Emergency Solutions Grant Program	14.231	E-18-UC-12-0014	86,161	-
COVID-19 - Emergency Solutions Grant Program	14.231	Contract # QPZ04	97,189	
COVID-19 - Emergency Solutions Grant Program	14.231	Contract # QPZ04	215,059	
Passed through Manatee County:				
COVID-19 - Emergency Solutions Grant Program	14.231	E-20-UW-12-0018	14,913	-
Passed through Lee County:				
COVID-19 - Emergency Solutions Grant Program	14.231	FL0815L4032001	370,075	-
Passed through Pasco County:				
COVID-19 - Emergency Solutions Grant Program	14.231	n/a	671,142	-
COVID-19 - Emergency Solutions Grant Program	14.231	n/a	1,158,744	
Passed through Tampa Homeless Leadership Alliance:				
COVID-19 - Emergency Solutions Grant Program	14.231	n/a	1,605,512	-
Passed through Hillsborough County:				
COVID-19 - Emergency Solutions Grant Program	14.231	n/a	87,027	-
Passed through Gulfcoast Partnership:				
COVID-19 - Emergency Solutions Grant Program	14.231	Contract # QPZ03	196,969	
			4,838,638	

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

For the year ended September 30, 2021

Federal Grantor / Program Title	Assistance Listing Number	Pass-Through Entity Identifiying Number	Loan Balance / Expenditures	Pass-Through Subrecipients
Direct funding:				
Continuum of Care Program	14.267	FL0602L4H022005	198.386	_
Continuum of Care Program	14.267	FL0608L4H192005	144,024	-
Continuum of Care Program	14.267	FL0804L4H192001	71,188	_
Continuum of Care Program	14.267	FL0769L4032001	337,387	_
Continuum of Care Program	14.267	FL0831L4H002001	74,879	-
Continuum of Care Program	14.267	FL0660L4D022004	44,921	-
Continuum of Care Program	14.267	FL0809L4H192001	131,936	-
Continuum of Care Program	14.267	FL0815L4D032001	152,042	-
Continuum of Care Program	14.267	FL0813L4D022001	9,243	-
Continuum of Care Program	14.267	Pasco 1- FL0608L4H191803	36,213	-
Continuum of Care Program	14.267	Pinellas 1- FL0602L4H021803	25,859	-
Continuum of Care Program	14.267	Pinellas 2 FL0614L4H021802	35,184	
			1,261,262	
Total U.S. Department of Housing and Urban Development			6,202,040	
U.S. Department of Treasury				
Passed through Pinellas County:				
COVID-19 - Coronavirus Relief Fund	21.019	N/A	70,442	
Passed through Florida Housing Finance Corporation:				
COVID-19 - Coronavirus Relief Fund	21.019	N/A	107,577	
Passed through Pasco County:				
COVID-19 - Coronavirus Relief Fund	21.019	N/A	212,362	
Total U.S. Department of Treasury			390,381	
U.S. Department of Veteran Affairs: Direct funding:				
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-0699-516-HH-18-0	27,813	-
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-0700-516-LD-18-0	416,986	-
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-0698-516-BH-18-0	128,515	-
VA Homeless Providers Grant and Per Diem Program	64.024	VA248-16D-0194	167,828	-
VA Homeless Providers Grant and Per Diem Program	64.024	SSVA770-1109-516-CM-20	154,338	
			895,480	
Direct funding:				
VA Supportive Services for Veteran Families Program	64.033	20-FL-099	2,263,268	-
VA Supportive Services for Veteran Families Program	64.033	20-FL-099-C2	8,749,850	910,168
VA Supportive Services for Veteran Families Program	64.033	19-FL-099-C3	10,181,934	60,369
			21,195,052	970,537
Total U.S. Department of Veteran Affairs			22,090,532	970,537
Total expenditures of federal awards			\$ 28,682,953	\$ 970,537

The accompanying notes are an integral part of this schedule.

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

September 30, 2021

NOTE 1 - BASIS OF PRESENTATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying schedule of expenditures of federal awards includes the federal grant activities of Society of St. Vincent de Paul South Pinellas, Inc. (the "Organization"). The information in the schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the statements of financial position, activities, functional expenses or cash flows of the Organization.

Some amounts presented in the schedule may differ from amounts presented or used in the preparation of the consolidated financial statements.

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 2 - INDIRECT COSTS

The organization did elect to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance on certain grants.

NOTE 3 - LOANS

The following loan and loan guarantee programs have outstanding balances as of September 30, 2021:

Assistance Listing Number	Description	·	inal Loan mount	llance at per 1, 2020	tional unding	 alance at tember 30, 2021
14.218	Community Development Block Grants/Entitlement Grants	\$	30,000	\$ 30,000	\$ _	\$ 30,000

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDIT STANDARDS

SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

September 30, 2021



Member American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Herman V. Lazzara
Sam A. Lazzara
C
Kevin R. Bass
Jonathan E. Stein
Stephen G. Douglas
Marc D. Sasser, of Counsel

Michael E. Helton Christopher F. Terrigino James K. O'Connor David M. Bohnsack Julie A. Davis

Cesar J. Rivero, in Memoriam (1942-2017)

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL
STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS

Board of Directors Society of St. Vincent de Paul South Pinellas, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Society of St. Vincent de Paul South Pinellas, Inc. (a nonprofit organization) and Affiliates (the "Organization"), which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities and changes in net assets, cash flows, and functional expenses for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 11, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Benew , Dordiner & Gorpany, O.A

Tampa, Florida February 11, 2022

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC.

September 30, 2021

Member American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants

Herman V. Lazzara Michael E. Helton
Sam A. Lazzara Christopher F. Terrigino
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INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors Society of St. Vincent de Paul South Pinellas, Inc.

Report on Compliance for Each Major Federal Program

We have audited Society of St. Vincent de Paul South Pinellas, Inc.'s (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended September 30, 2021. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the type of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit the attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Buies Dordiner & Company, O.A

Tampa, Florida February 11, 2022

SCHEDULE OF FINDINGS AND QUESTIONED COSTS SOCIETY OF ST. VINCENT DE PAUL SOUTH PINELLAS, INC. September 30, 2021

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

September 30, 2021

Section I - Summary of Auditors' Results

Financial Statements

statements were prepared in accordance with GAA		Unmodifi	ed
Internal control over financial reporting Material weakness(es) identified?		yes	X no
Significant deficiency(ies) identified?		yes	X none reported
Noncompliance material to financial statements noted	?	yes	X no
Federal Awards			
Internal control over major federal programs: Material weakness(es) identified?		yes	no
Significant deficiency(ies) identified?		yes	X none reported
Type of auditors' report issued on compliance for major federal programs:		Unmodifi	ed
Any audit findings disclosed that are required to be reported in accordance with section 2 CFR 200.516	6(a)?	yes	X no
Identification of major federal programs:			
CFDA Number	Nan	ne of Federal	Program
14.231 14.267 21.019 64.024 64.033	Conti Con VA Homeless Pro	nuum of Care onavirus Reli viders Grant a	•
Dollar threshold used to distinguish between type A and type B federal programs		\$ 860),489_
Auditee qualified as low-risk auditee?		yes	X no

Section II - Financial Statement Findings

No matters were reported for the year ended September 30, 2021 and there were no prior year audit findings to be reported.

Section III - Federal Award Findings and Questioned Costs

No matters were reported for the year ended September 30, 2021 and there were no prior year audit findings to be reported.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/14/2022

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 rights to the certificate holder in lieu of such endorsement(s).

RODUCE	R Moore Resources Insurance Agency	CONTACT NAME:	Anne Osborne		
	4563 Central Avenue	PHONE (A/C, No, Ext):	727-323-0206	FAX (A/C, No): 727-32	23-0603
	St. Petersburg, FL 33713	E-MAIL ADDRESS:	É-MÁIL		
License #: P135280		INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A:	Philadelphia Indemnity Insurance C	ompany	18058	
NSURED	Society of St. Vincent de Paul South Pinellas, Inc.	INSURER B:	Lloyd's of London		
	Vincentian Housing Corporation, Inc.	INSURER C:			
	384 15th St N	INSURER D :			
	St Petersburg, FL 33705-2016	INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 00001440-4703178 **REVISION NUMBER: 121**

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

	XCLUSIONS AND CONDITIONS OF SUCH F						
INSR LTR		ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY	Υ	PHPK2425365	06/15/2022	06/15/2023	EACH OCCURRENCE	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		PHPK2425365	06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		PHUB818561	06/15/2022	06/15/2023	EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 3,000,000
	DED X RETENTION \$ 10,000						\$
	WORKERS COMPENSATION					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	·
Α	D&O, EPL, Crime		PHSD1720415	06/15/2022	06/15/2023		See Page 2
В	Cyber Liability		ESK0239473766	06/15/2022	06/15/2023	Each/Aggregate	\$1M / \$1M
							, , ,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract Number/Name: 167-0134-P, System Teams - Rapid Rehousing - Homeless Prevention Svs // Pinellas County, A Political Subdivision of the State of Florida is Additional Insured with respects to General Liability, only if required by written contract and subject to the terms, conditions and exclusions as specified in the policy.

CERTIFICATE HOLDER	CANCELLATION
Pinellas County, A Political Subdivision of the State of Florida 400 South Fort Harrison Avenue Clearwater, FL 33756	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
	Thurnfu (BAO)
	© 1988-2015 ACORD CORPORATION. All rights reserved.

GENCY	CUSTOMER	ID:	0000	1440
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ADDITIONAL REMARKS SCHEDULE

Page 2 of

AGENCY Moore Resources Insurance Agency		NAMED INSURED Society of St. Vincent de Paul South Pinellas, Inc. Vincentian Housing Corporation, Inc.		
POLICY NUMBER N/A				
CARRIER NA				
Multiple Carriers		EFFECTIVE DATE:		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,				
FORM NUMBER:	25	FORM TITLE:	Certificate of Liability Insurance	
Directors and Officers, Employment Practices Liability, Crime: Philadelphia Indemnity Insurance Company, Policy #PHSD1720415; Eff/Exp 6/15/22-23:				
D&O: \$1,000,000 each Policy Period. Retention: \$5,000 for each claim.				

Aggregate, All Parts: \$2,000,000 each Policy Period.

Crime:

Employee Theft and Client Coverage \$500,000 Limit; \$5,000 Deductible.

EPL: \$1,000,000 each Policy Period, Retention: \$15,000 for each claim.

ERISA Fidelity \$500,000 Limit; \$0 Deductible.

Forgery or Alteration, Including Credit, Debit, or Charge Card Extension (\$25,000 Limit) \$500,000 Limit; \$5,000 Deductible.

Inside the Premises \$500,000 Limit; \$5,000 Deductible. Outside the Premises \$500,000 Limit; \$5,000 Deductible.

Money Orders and Counterfeit Paper Currency \$500,000 Limit; \$5,000 Deductible.

Computer Fraud and Funds Transfer Fraud \$500,000 Limit; \$5,000 Deductible.

Cyber Liability \$1,000 Deductible.

Professional Liability:

Philadelphia Indemnity Insurance Company, Policy #PHPK2425365; Eff/Exp 6/15/22-23:

Each Occurrence \$1,000,000, Aggregate \$3,000,000, \$0 Deductible.

Sexual/Physical Abuse or Molestation: Each Occurrence \$1,000,000, Aggregate \$3,000,000, \$0 Deductible.

Umbrella goes over General Liability, Auto Liability, Professional Liability and Abuse or Molestation.