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FL HURRICANE MILTON EXTENSION TO 05/01/2025
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization GULFSTREAM GOODWILL INDUSTRIES, INC.		D Employer identification number 59-1197040
	Doing business as		E Telephone number 561-848-7200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 93,084,858.
	1715 EAST TIFFANY DRIVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33407		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: KEITH KENNEDY SAME AS C ABOVE			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: WWW.GOGGI.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1966 M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GULFSTREAM GOODWILL CHANGES LIVES THROUGH HOUSING, TRAINING, EDUCATION AND EMPLOYMENT.
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1190
	6 Total number of volunteers (estimate if necessary) 6 18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 48,121,351. Prior Year 49,292,186. Current Year
	9 Program service revenue (Part VIII, line 2g) 4,748,248. 4,748,248. 3,467,123.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -60,991. -60,991. 26,328.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,481,704. 1,481,704. 2,691,641.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 54,290,312. 54,290,312. 55,477,278.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 115,510. 115,510. 185,147.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 28,204,016. 28,204,016. 28,385,669.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 567,771.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 29,775,187. 29,775,187. 30,976,295.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 58,094,713. 58,094,713. 59,547,111.
19 Revenue less expenses. Subtract line 18 from line 12 -3,804,401. -3,804,401. -4,069,833.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 63,348,506. Beginning of Current Year 56,953,825. End of Year
	21 Total liabilities (Part X, line 26) 53,226,262. 53,226,262. 50,819,322.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,122,244. 10,122,244. 6,134,503.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KAREN DAVIDSON, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	PETER C. GUBLER		12/2/2024	<input type="checkbox"/>	P00190185
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MSL, P.A. 255 S. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801	59-3070669		407-740-5400	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GULFSTREAM GOODWILL CHANGES LIVES THROUGH HOUSING, TRAINING, EDUCATION AND EMPLOYMENT.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 30,146,275. including grants of \$ 185,147.) (Revenue \$ 271,981.) GULFSTREAM GOODWILL OPERATES FOUR HOUSING RESOURCE CENTERS FOR PALM BEACH COUNTY SERVING INDIVIDUALS ON THE WAITLIST AND IN OUR SHELTERS. GULFSTREAM GOODWILL IS THE LARGEST PROVIDER OF SHELTER SERVICES IN THE FIVE TERRITORIES IN WHICH WE OPERATE. WE ARE THE SINGLE POINT OF HOUSING SERVICES IN THE COUNTY BY PROVIDING NAVIGATION TO SERVICES FROM THE PHILIP D LEWIS CENTER WHICH IS A 60-BED FACILITY. WE ALSO OPERATE THE 66-BED HOUSING RESOURCE CENTER IN LAKE WORTH AND TWO SHELTERS, ONE IN BELLE GLADE AND A FAMILY SHELTER IN PAHOKEE. OUR OWNED AFFORDABLE HOUSING INCLUDES HOME ON J STREET, A 17 UNIT COMPLEX AND HOME ON M STREET A 9 UNIT COMPLEX FOR CHRONICALLY HOMELESS INDIVIDUALS. OUR HOUSE ON TAMARIND IS A 6 UNIT COMPLEX FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES. WE OPERATE 50 SCATTERED SITE APARTMENT FOR

4b (Code:) (Expenses \$ 19,231,246. including grants of \$) (Revenue \$ 1,873,568.) PROVIDES JOB TRAINING AND SUPPORTED EMPLOYMENT FOR INDIVIDUALS WITH DISABILITIES WITHIN ONE OF THE TWO SOCIAL ENTERPRISES THAT GULFSTREAM GOODWILL OPERATES. GOOD GRUBS IS A SOCIAL ENTERPRISE WHICH OPENED IN JUNE 2023 TO TRAIN THE CAREER ACADEMY STUDENTS IN A COMMERCIAL KITCHEN SETTING. THE PROGRAM REQUIRES STUDENTS TO PASS THEIR SERVSAFE CERTIFICATION AND LEARN THE CIRRICULA THAT WILL SUPPORT THE STUDENTS AS THEY MOVE INTO COMPETITIVE EMPLOYMENT WITH ONE OF OUR COMMUNITY PARTNERS. GOOD PRINTS IS A SOCIAL PRINT SHOP ENTERPRISE WHICH ALLOWS GGI TO TRAIN INDIVIDUALS IN OUR CAPABILITIES PROGRAM THE VARIOUS JOBS WITHIN A PRINT SHOP WITH AN ON-LINE PRESENCE. THE CIRRICULA INCLUDES WEB DESIGN, CREATIVE DESIGN, SCREEN PRINTING, DTG, DTF, WAREHOUSING, LOGISTICS AND SHIPPING. IN 2023, GULSTREAM GOODWILL AND THE CAREER

4c (Code:) (Expenses \$ 2,598,817. including grants of \$) (Revenue \$ 3,614,973.) GULFSTREAM GOODWILL PROVIDES TRAINING AND JOB OPPORTUNITIES TO INDIVIDUALS WITH BARRIERS THAT ATTEND BOTH OUR CAREER ACADEMY OF THE PALM BEACHES AND OUR ADULT DAY TRAINING PROGRAMS. THE PROGRAM OFFERS JOB TRAINING IN ONE OF GGI'S SOCIAL ENTERPRISES; THE GOOD PRINTS PRINT SHOP AND THE GOOD GRUBS COMMERCIAL KITCHEN. IN 2023, 47 INDIVIDUALS RECEIVED EMPLOYABILITY, SKILL-BUILDING AND TRAINING IN SCREEN PRINTING, DESIGN, INVENTORY AND QUALITY ASSURANCE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 51,976,338.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KAREN DAVIDSON, CFO - (561) 848-7200
1715 EAST TIFFANY DRIVE, WEST PALM BEACH, FL 33407

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH KENNEDY PRESIDENT AND CEO	58.00 2.00			X				414,220.	0.	104,999.
(2) KAREN DAVIDSON CHIEF FINANCIAL OFFICER	58.00 2.00			X				304,636.	0.	65,985.
(3) KARL TOMECEK VP OF MIS	60.00			X				221,656.	0.	20,632.
(4) KEVIN BENDER CHIEF OPERATING OFFICER	60.00			X				219,226.	0.	15,932.
(5) LAURIE MEYER VP OF HR	60.00			X				157,847.	0.	5,971.
(6) ERIN KOZLOWSKI VP OF PHILANTHROPY	60.00			X				151,895.	0.	6,199.
(7) LAURA CONTRERA VP OF HUMAN SERVICES (END 12/24)	60.00						X	138,626.	0.	10,683.
(8) SHANNON MCGHEE VP OF EDUCATION & DEVELOPMENT	60.00			X				135,311.	0.	5,720.
(9) MARY FLACK VP OF MARKETING (END 12/24)	60.00						X	129,632.	0.	5,247.
(10) JOAN MCCABE CHAIR	1.00 2.00	X		X				0.	0.	0.
(11) DAN BARSKY VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(12) KATIE COLON TREASURER	1.00	X		X				0.	0.	0.
(13) AMY TESTA SECRETARY	1.00	X		X				0.	0.	0.
(14) MICHAEL COWAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) CARL NICOLA DIRECTOR	1.00	X						0.	0.	0.
(16) CEDRICK THOMAS DIRECTOR	1.00	X						0.	0.	0.
(17) MARK AITKEN DIRECTOR	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAUREL BAKER DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN BANISTER DIRECTOR	1.00	X						0.	0.	0.
(20) DOUGLAS CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(21) ORLANDO CHIANG DIRECTOR	1.00	X						0.	0.	0.
(22) WILLIAM CORLEY DIRECTOR	1.00	X						0.	0.	0.
(23) DONNA SMOLENS DIRECTOR	1.00	X						0.	0.	0.
(24) CLIVE STUART-FINDLAY DIRECTOR	1.00	X						0.	0.	0.
(25) DOROTHY TREFTS DIRECTOR	1.00	X						0.	0.	0.
(26) MARTIN ZIPERN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,873,049.	0.	241,368.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,873,049.	0.	241,368.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
RYDER INTEGRATED LOGISTICS PO BOX 209022, DALLAS, TX 33178	TRANSPORTATION SERVICES	3,526,514.
CERTIFIED NATIONAL SERVICE, LLC, 1975 E WESTERN PERSERVE RD, POLAND, OH 44514	HVAC SERVICES	490,107.
HAMMOQ INC 3616 W THOMAS RD, STE 7, PHOENIX, AZ 85019	E-COMMERCE	185,930.
SYNERGI PARTNERS INC 151 W. EVANS ST., FLORENCE, SC 29501	CONSULTING SERVICES	172,391.
NABIL KARROUM MD PA, 1011 FOREST HILL BLVD, RM 369, WELLINGTON, FL 33414	CONTRACT LABOR	123,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,919,123.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	38,373,063.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 37,729,002.			
	h	Total. Add lines 1a-1f		49,292,186.			
Program Service Revenue	2 a	OTHER PROGRAM REVENUE	Business Code 624100	1,321,574.	1,321,574.		
	b	EMPLOYMENT AND TRAINING	624100	1,014,998.	1,014,998.		
	c	ADMINISTRATIVE FEE	561000	718,451.	718,451.		
	d	PARTICIPANT RENTS	624100	271,981.	271,981.		
	e	CONTRACTS	624100	140,119.	140,119.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,467,123.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		52,753.		52,753.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	398,242.			
			(ii) Personal				
6 b		Less: rental expenses		0.			
6 c		Rental income or (loss)		398,242.			
d		Net rental income or (loss)		398,242.		398,242.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
7 b		Less: cost or other basis and sales expenses		622.	25,803.		
7 c		Gain or (loss)		-622.	-25,803.		
d	Net gain or (loss)		-26,425.		-26,425.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		39,871,849.				
			37,581,155.				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory		2,290,694.	2,290,694.			
Miscellaneous Revenue	11 a	GAIN/LOSS ON DISCONTINUED OPERATI	Business Code 624100	2,705.	2,705.		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		2,705.			
12	Total revenue. See instructions		55,477,278.	5,760,522.	0.	424,570.	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	21,350.	21,350.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	163,797.	163,797.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,114,413.	636,860.	1,319,459.	158,094.
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	21,676,671.	19,472,595.	2,022,048.	182,028.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	470,276.	397,502.	66,051.	6,723.
9 Other employee benefits	1,618,545.	1,368,078.	227,328.	23,139.
10 Payroll taxes	2,505,764.	2,118,001.	351,940.	35,823.
11 Fees for services (nonemployees):				
a Management				
b Legal	197,801.		197,801.	
c Accounting	108,990.		108,990.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	22,750.		22,750.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,178,035.	5,109,595.		68,440.
12 Advertising and promotion	275,131.	275,131.		
13 Office expenses	1,243,286.	1,005,689.	232,315.	5,282.
14 Information technology				
15 Royalties				
16 Occupancy	10,817,979.	10,004,341.	791,693.	21,945.
17 Travel	462,393.	425,864.	35,300.	1,229.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	26,603.	3,202.	19,646.	3,755.
20 Interest	215,805.	116,174.	99,631.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,294,079.	1,211,549.	74,964.	7,566.
23 Insurance				
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 O.)				
a OPERATING LEASE EXPENSE	7,552,815.	6,278,528.	1,221,890.	52,397.
b SUPPLIES	3,331,357.	3,331,357.		
c STORE DISCOUNT	193,696.		193,696.	
d MISCELLANEOUS	50,949.	32,099.	17,500.	1,350.
e All other expenses	4,626.	4,626.		
25 Total functional expenses. Add lines 1 through 24e	59,547,111.	51,976,338.	7,003,002.	567,771.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	795,545.	1	72,093.
	2 Savings and temporary cash investments	446,481.	2	240,145.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,388,509.	4	2,547,879.
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,937,270.	8	3,080,719.
	9 Prepaid expenses and deferred charges	1,808,128.	9	1,555,549.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,750,704.		
	b Less: accumulated depreciation	10b 6,634,369.	7,917,211.	10c 5,116,335.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	915,173.	12	666,829.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	11,444.
	15 Other assets. See Part IV, line 11	45,140,189.	15	43,662,832.
16 Total assets. Add lines 1 through 15 (must equal line 33)	63,348,506.	16	56,953,825.	
Liabilities	17 Accounts payable and accrued expenses	5,452,959.	17	6,304,852.
	18 Grants payable		18	
	19 Deferred revenue	455,320.	19	545,028.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	838,823.	23	805,799.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	46,479,160.	25	43,163,643.
	26 Total liabilities. Add lines 17 through 25	53,226,262.	26	50,819,322.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,092,991.	27	6,099,597.
	28 Net assets with donor restrictions	29,253.	28	34,906.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,122,244.	32	6,134,503.
	33 Total liabilities and net assets/fund balances	63,348,506.	33	56,953,825.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,477,278.
2	Total expenses (must equal Part IX, column (A), line 25)	2	59,547,111.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,069,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,122,244.
5	Net unrealized gains (losses) on investments	5	57,571.
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	24,521.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,134,503.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)

Part II 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42371376.	39896179.	46839272.	48121351.	49292186.	226520364
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						
4 Total. Add lines 1 through 3	42371376.	39896179.	46839272.	48121351.	49292186.	226520364
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)						
6 Public support. Subtract line 5 from line 4.						226520364

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	42371376.	39896179.	46839272.	48121351.	49292186.	226520364
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29,128.	68,594.	278,493.	248,537.	450,997.	1075749.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1505040.				2,705.	1507745.
11 Total support. Add lines 7 through 10						229103858
12 Gross receipts from related activities, etc. (see instructions)					12	26,793,544.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.87 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.01 %
16a 33 1/3% support test - 2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						

14 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>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).</i>		
1		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization GULFSTREAM GOODWILL INDUSTRIES, INC. Employer identification number 59-1197040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, including revenue and asset amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,253.	35,818.	31,332.	27,791.	
b Contributions					26,076.
c Net investment earnings, gains, and losses	5,653.	-6,565.	4,659.	4,375.	1,846.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			173.	834.	131.
g End of year balance	34,906.	29,253.	35,818.	31,332.	27,791.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment 100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,033,612.		1,033,612.
b Buildings		5,586,033.	2,211,903.	3,374,130.
c Leasehold improvements		2,000,305.	1,681,222.	319,083.
d Equipment		3,130,754.	2,741,244.	389,510.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,116,335.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS COMMUNITY FOUNDATION	34,906.
(2) OTHER ASSETS	9,518.
(3) RIGHT-OF-USE ASSET	38,085,521.
(4) DUE FROM AFFILIATES	2,999,668.
(5) OTHER RECEIVABLES	2,533,219.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	43,662,832.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT-OF-USE LEASE LIABILITY	39,078,577.
(3) DUE TO AFFILIATES	3,861,735.
(4) ACCRUED PENSION LIABILITY	223,331.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	43,163,643.

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

Part XI Reconciliation of Revenue per Audited Financial Statements 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	93,140,525.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	57,571.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	24,521.	
e	Add lines 2a through 2d	2e		82,092.
3	Subtract line 2e from line 1		3	93,058,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-37,581,155.	
c	Add lines 4a and 4b	4c		-37,581,155.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	55,477,278.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	97,128,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	37,581,155.	
e	Add lines 2a through 2d	2e		37,581,155.
3	Subtract line 2e from line 1		3	59,547,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	59,547,111.

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 V, LINE 4:

COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES HOLDS CERTAIN DONOR-RESTRICTED FUNDS THAT HAVE BEEN LIMITED BY THE DONORS TO BE HELD FOR A SPECIFIED TIME PERIOD. THE ORGANIZATION SEEKS EARNINGS FROM ITS INVESTED ASSETS IN ORDER TO PROVIDE FUNDS IN SUPPORT OF ITS MISSION. THE ORGANIZATION SEEKS BOTH (A) CAPITAL APPRECIATION TO ASSURE ITS BENEFICIARY'S LONG-TERM VIABILITY AND SPECIAL, HIGH-QUALITY SERVICES, AND (B) CURRENT INCOME TO SUPPORT THE ANNUAL OPERATING EXPENSES OF ITS BENEFICIARIES AND THE ORGANIZATION.

PART X, LINE 2:

GULFSTREAM GOODWILL INDUSTRIES, INC. IS INCLUDED IN CONSOLIDATED FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS WITH ITS AFFILIATES. THE CONSOLIDATED FINANCIAL STATEMENTS
CONTAIN THE FOLLOWING FOOTNOTE:

GOODWILL AND THE ACADEMY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (THE "CODE") AND
FROM STATE INCOME TAXES UNDER SIMILAR PROVISIONS OF THE STATE OF FLORIDA
INCOME TAX CODE. THE ORGANIZATION HAS BEEN CLASSIFIED AS A PUBLICLY
SUPPORTED ORGANIZATION, WHICH IS NOT A PRIVATE FOUNDATION UNDER 509(A) OF
THE CODE. THE ORGANIZATION DID NOT ENGAGE IN ANY UNRELATED BUSINESS
ACTIVITIES DURING THE YEAR ENDED DECEMBER 31, 2023 AND 2022, AND
ACCORDINGLY THERE IS NO PROVISION FOR INCOME TAXES REFLECTED IN THE
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES. THIS STANDARD SEEKS TO REDUCE THE DIVERSITY IN PRACTICE
ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN
ACCOUNTING FOR INCOME TAXES. IT PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT
OF A TAX POSITION THAT AN ENTITY TAKES OR EXPECTS TO TAKE IN A TAX RETURN.
AN ENTITY MAY ONLY RECOGNIZE OR CONTINUE TO RECOGNIZE TAX POSITIONS THAT
MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD. THE ORGANIZATION ASSESSES THE
INCOME TAX POSITIONS BASED ON MANAGEMENT'S EVALUATION OF THE FACTS,
CIRCUMSTANCES, AND INFORMATION AVAILABLE AT THE REPORTING DATE. THE
ORGANIZATION USES THE PRESCRIBED MORE-LIKELY-THAN-NOT THRESHOLD WHEN
MAKING THEIR ASSESSMENT. AS OF DECEMBER 31, 2023, WITH FEW EXCEPTIONS,
THE ORGANIZATION IS LONGER SUBJECT TO INCOME TAX EXAMINATIONS ON ITS
FEDERAL INCOME TAX RETURNS PRIOR TO 2021.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	5,679.
TRANSFER OF NET ASSETS - WORN NOT WASTED	18,842.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	24,521.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FAIR MARKET VALUE OF CONTRIBUTED GOODS ADJUSTMENT	-37,581,155.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FAIR MARKET VALUE OF CONTRIBUTED GOODS ADJUSTMENT	37,581,155.
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**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

2023

Open to Public
Inspection

Name of the organization **GULFSTREAM GOODWILL INDUSTRIES, INC.** Employer identification number **59-1197040**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE HOMELESS COALITION OF PBC, INC. - 345 S CONGRESS AVE - DELRAY BEACH, FL 33445	65-0125852	501(C)(3)	5,500.	0.			SUPPORT HOMELESS SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **2.**

3 Enter total number of other organizations listed in the line 1 table

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
SCHOLARSHIPS	0	162,868.	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:

THE CLIENT ASSISTANCE FUND IS ONLY USED FOR IN-NEED PARTICIPANTS. AN
 EMPLOYEE OF THE FILING ORGANIZATION AND/OR A CASE MANAGER SENDS A REQUEST
 TO THE VICE PRESIDENT OF HUMAN SERVICES DETAILING THE PARTICIPANTS NEEDS.
 THE VICE PRESIDENT WILL EITHER GRANT OR DENY APPROVAL VIA EMAIL SUBMISSION
 TO THE ACCOUNTING DEPARTMENT. DURING PROCESSING, COPIES OF THE EMAILS ARE
 ATTACHED AS BACKUP FOR THE FUNDS DISTRIBUTED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GULFSTREAM GOODWILL INDUSTRIES, INC.

Employer identification number

59-1197040

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 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 contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KEITH KENNEDY PRESIDENT AND CEO	(i)	368,944.	36,050.	9,226.	80,000.	24,999.	519,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN DAVIDSON CHIEF FINANCIAL OFFICER	(i)	257,647.	37,763.	9,226.	51,429.	14,556.	370,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARL TOMECEK VP OF MIS	(i)	184,410.	27,038.	10,208.	0.	20,632.	242,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN BENDER CHIEF OPERATING OFFICER	(i)	200,000.	10,000.	9,226.	0.	15,932.	235,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURIE MEYER VP OF HR	(i)	135,385.	14,889.	7,573.	0.	5,971.	163,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIN KOZLOWSKI VP OF PHILANTHROPY	(i)	146,154.	0.	5,741.	0.	6,199.	158,094.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA CONTRERA VP OF HUMAN SERVICES (END 12/24)	(i)	117,872.	14,420.	6,334.	0.	10,683.	149,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARY FLACK VP OF MARKETING (END 12/24)	(i)	115,954.	5,665.	8,013.	0.	5,247.	134,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **GULFSTREAM GOODWILL INDUSTRIES, INC.** Employer identification number **59-1197040**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		37,729,002.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GULFSTREAM GOODWILL INDUSTRIES, INC.

Employer identification number

59-1197040

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THOSE WHO NEED PERMANENT SUPPORTIVE HOUSING. IN 2023, GULFSTREAM

GOODWILL SERVED A TOTAL OF 3,935 INDIVIDUALS THROUGH NAVIGATION,

SHELTER, AND PERMANENT SUPPORTIVE HOUSING, PROVIDING MORE THAN 70,000

NIGHTS OF SHELTER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACADEMY OF THE PALM BEACHES SERVED MORE THAN 87 PARTICIPANTS AND PLACED

65% OF THE CAREER ACADEMY STUDENTS IN COMPETITIVE EMPLOYMENT AND

PROVIDING A MINIMUM WAGE SUPPORTED EMPLOYMENT JOB FOR GULFSTREAM

GOODWILL'S CAPABILITIES PROGRAM. IN 2023, 147 INDIVIDUALS WERE PLACED

AT INTEGRATED COMMUNITY WORKSITES OR EARNED AT PAYCHECK AT GULFSTREAM

GOODWILL.

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

HOW FORM 990 IS PROVIDED TO BOARD OF DIRECTORS BEFORE FILING: THE FORM 990

IS PROVIDED TO THE BOARD OF DIRECTORS AT AN ANNUAL FORM 990 REVIEW MEETING

AS PRESENTED BY THE INDEPENDENT AUDITOR.

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

CONFLICT OF INTEREST MONITORING: ALL OFFICERS, TRUSTEES AND EMPLOYEES ARE

PROVIDED WITH A COPY OF THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THE

POLICY STATES THAT POTENTIAL CONFLICTS SHALL BE DISCLOSED INVOLVING ANY

SITUATION OR TRANSACTION IN WHICH THEY ARE INVOLVED AND WHICH IN THEIR

OPINION, VIOLATES, MAY VIOLATE, OR COULD APPEAR TO VIOLATE THE INTENT OF

THE COMPANY'S CONFLICT OF INTEREST OR ETHICAL POLICY STATEMENT. SUCH

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization GULFSTREAM GOODWILL INDUSTRIES, INC.	Employer identification number 59-1197040
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DISCLOSURES AND EXCEPTION REQUEST SHALL BE PRESENTED TO THE PRESIDENT FOR A RULING.

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

PROCESS OF DETERMINING COMPENSATION OF TOP MANAGEMENT:

AN INDEPENDENT COMPENSATION CONSULTANT IS RETAINED ANNUALLY BY THE COMPENSATION COMMITTEE TO REVIEW AND RECOMMEND COMPENSATION AND BENEFITS FOR CEO/PRESIDENT. ADDITIONALLY, THE CONSULTANT MAKES RECOMMENDATIONS TO THE PRESIDENT/CEO FOR OTHER OFFICERS AND KEY EMPLOYEES.

PROCESS OF DETERMINING COMPENSATION OF KEY EMPLOYEES:

THE PRESIDENT AND VICE PRESIDENT OF GULFSTREAM GOODWILL INDUSTRIES, INC. REVIEW THE SALARY GUIDELINES AND THE ACTUAL SALARIES OF THE OFFICERS IN A QUANTITATIVE ANALYSIS, PREPARED BY THE COMPENSATION CONSULTANT, ACCESSING WAGE INFORMATION MADE AVAILABLE THROUGH HUMAN RESOURCE'S SUBSCRIPTION TO VARIOUS EXTERNAL SOURCES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF DOCUMENTS: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	5,679.
TRANSFER OF NET ASSETS - WORN NOT WASTED	18,842.
TOTAL TO FORM 990, PART XI, LINE 9	24,521.

FORM 990, PART XII, LINE 2C

Name of the organization

GULFSTREAM GOODWILL INDUSTRIES, INC.

Employer identification number

59-1197040

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE
 ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
 ACCOUNTANT. THERE WAS NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR.

**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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **GULFSTREAM GOODWILL INDUSTRIES, INC.** Employer identification number **59-1197040**

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

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

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

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GULFSTREAM GOODWILL ACADEMIES INC. - 59-0498259, 1715 TIFFANY DRIVE E, WEST PALM BEACH, FL 33407	CHARTER SCHOOL IN PALM BEACH COUNTY	FLORIDA	501(C)(3)	LINE 2	GULFSTREAM GOODWILL INDUSTRIES, INC.	<input checked="" type="checkbox"/>	
GULFSTREAM GOODWILL FOUNDATION, INC. - 87-4772336, 1715 TIFFANY DRIVE E, WEST PALM BEACH, FL 33407	PROVIDING SUPPORT TO GULFSTREAM GOODWILL INDUSTRIES	FLORIDA	501(C)(3)	LINE 7	GULFSTREAM GOODWILL INDUSTRIES, INC.	<input checked="" type="checkbox"/>	
GGI ABILITY SERVICES, INC. - 88-2819556 1715 TIFFANY DRIVE E WEST PALM BEACH, FL 33407	JOB TRAINING	FLORIDA	501(C)(3)	LINE 7	GULFSTREAM GOODWILL INDUSTRIES, INC.	<input checked="" type="checkbox"/>	
GGI HUMAN SERVICES, INC. - 87-4759147 1715 TIFFANY DRIVE E WEST PALM BEACH, FL 33407	JOB TRAINING	FLORIDA	501(C)(3)	LINE 7	GULFSTREAM GOODWILL INDUSTRIES, INC.	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2023

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GGI ABILITY SERVICES, INC.	D	2,960,491.	FMV
(2) GGI ABILITY SERVICES, INC.	L	200,934.	COST
(3) GGI FOUNDATION, INC.	E	750,000.	FMV
(4) GGI FOUNDATION, INC.	C	59,313.	FMV
(5)			
(6)			

