

# Application Form

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## *Organization Information*

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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\*

Arts Conservatory for Teens

### Proposal Name\*

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

Transportation for Student Enrichment Programming

### EIN\*

46-0918503

### Incorporation Year\*

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

2013

### Organizational Mission Statement\*

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

Arts Conservatory for Teens (ACT) is dedicated to improving the lives of teens by providing arts education in underserved schools and communities.

### 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

Y8QPK1WCAA71

### Annual Operating Budget Size\*

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

\$736,722.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$163,430.00

### 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*

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### 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?

Since 2013, the Arts Conservatory for Teens (ACT) has served youth 11 - 18 years old from low-to-moderate income neighborhoods throughout St. Petersburg with accessible arts education programming. Students are introduced to a general arts education curriculum in disciplines such as visual arts, theater, dance, voice, photography, and music production.

Our arts education model includes before-school programming taking place at Pinellas County Title 1 middle schools including Largo, Tyrone, Johns Hopkins, and Oak Grove. We also serve youth at Academy Prep St. Petersburg. ACT's after-school programming takes place at city recreation centers including Enoch Davis and

Roberts Rec Center. Classes are held 4 days per week with 2 classes per day. These classes are more focused on a specific theme and/or skill that is determined by the teaching artist and based on their artistic passion and skill set.

As we continue to rebuild our programming after COVID-19, we are adding additional activities for the 2022-2023 school year:

- St. Pete Youth Orchestra, a new initiative beginning this school year.
- Monthly Master Classes with local artists and industry experts.
- Quarterly field trips to theaters, concerts, and art galleries to expose students to arts experiences in their community.
- Breakfast in the Park, ACT's quarterly outreach event that helps build relationships with the youth and families we serve.

All programming is provided via scholarships so no cost is incurred by students and their families.

## Community Need\*

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

ACT uses arts education as a foundation to help improve outcomes and opportunities for youth from historically excluded communities. Given that the students we serve are approximately 70% African American, 20% Hispanic, and 10% Caucasian, we are acutely aware of the realities that come with being part of historically marginalized communities.

Since 2018, the Foundation for a Healthy St. Petersburg has released a number of data driven studies that support the need for more equitable access to healthcare, education, workforce development opportunities, and youth development opportunities. Findings indicate that 29% of African-American residents live below the poverty level, a significant increase as compared to the Pinellas County rate of 14% and the state of Florida rate of 16%. In addition, African-Americans have the lowest median household income when compared to Caucasian, Asian, and "Other" races. (Source: Pinellas County Community Health Assessment).

These financial barriers often mean families have to make choices between extra-curricular activities like arts education programs and standard day-to-day needs. Once students enter middle school, arts programming in schools like art, band, chorus, and theater become electives that many students are not able to take advantage of because of other requirements. ACT works to fill this gap with its before and after school programming offered at no cost to students.

## 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.**

ACT has seen a negative economic impact due to a reduction in revenue from two of our most significant funding streams. First, the annual Champions for ACT Breakfast has become a much-anticipated event in the St. Petersburg community and a significant source of revenue that supports ACT's programs and operations. In 2019, ACT raised just over \$100,000. In 2020 and 2021 the event had to go virtual because of the pandemic and raised just \$22,000 and \$26,000, respectively.

In addition, ACT is paid for its programming services in Pinellas County Schools. Given we were not in the schools for the second half of the 2019-2020 school year and most of the 2020-2021 school year, we estimate a revenue loss of nearly \$90,000.

## Proposal Description\*

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

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Funding will allow ACT to purchase an 8-seat vehicle and a 30-passenger van. With regular maintenance, the lifespan of each purchase should be 5 - 10 years.

The vehicle purchases will allow us to grow our impact as we can serve more students, especially during our after-school programs at local recreation centers. We will be able to pick up students from schools and take them to the rec centers for ACT classes. This will help resolve transportation issues for many of our students and their families whose parents work during the day and cannot easily get them from school to extra-curricular activities. We will also have more success getting students to cultural enrichment activities throughout the year as well as to performances around the City. As part of our arts education programming, ACT students perform at city-led events, festivals, and during our own students showcases.

All of these activities combined helps grow our impact, which in turn helps our organization raise funds through a variety of measures. Corporate sponsors, grants, and private donors are revenue streams that are reliant on our measurable outcomes and impact data. With these vehicle purchases we can grow our impact and outcomes to further raise dollars to support our mission.

## Guiding Principles - Client Impact\*

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

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

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

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

With nearly 90% of ACT students on free and reduced lunch, we know we are reaching students that traditionally have financial barriers to extracurricular arts education programming. Our programming in Title 1 schools and south St. Petersburg rec centers ensure we are reaching those teens who may also have geographic restrictions to participation. In addition, we know that students in general have been disproportionately affected by the pandemic. Prolonged virtual learning has led to isolation and mental health challenges among young people at a higher rate than pre-pandemic levels.

In addition to being able to get students to ACT classes from schools, the purchase of these vehicles allows ACT to expand our cultural enrichment activities to this same population by transporting students:

- To galleries, concerts, and museums
- To local parks for quarterly community outreach events
- To events where ACT students are performing

Each of these activities contributes to the overall well-being of youth in our community, especially those that have lasting effects from the trauma of going through the pandemic.

## Number Served\*

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

2600

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Duplicated

### Other (Explanation Required)

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

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](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

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

### 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/>

1111 18th Ave South - St. Petersburg, FL 33705

### 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 majority of activities will take place in the St. Petersburg area. This includes the schools we serve, the classes provided at south St. Petersburg recreation centers, cultural enrichment activities we bring students to such as museums and concerts, their own showcases and performances, and appropriate city-wide events such as the MLK Day Parade. Our board-approved strategic plan does include additional programming in other areas of the county such as Clearwater and Pinellas Park. As these opportunities come together, the new vehicles will be used accordingly.

## QCT Determination - Purchase\*

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

No

## *Community Connection*

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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.

ACT was founded by two African-American men who were fortunate to have opportunities in arts education as youth and credit the arts for helping them get to a successful place in their lives. Upon living in St. Petersburg for a number of years, both men realized there was a lack of access to arts education for youth in underserved communities. They founded ACT to help provide that access and give youth the same opportunities they had in arts education when they were growing up.



One of the founders is still the CEO of ACT. Alex Harris has deep ties in the St. Petersburg community, which has led to partnerships with organizations such as American Stage and The Florida Orchestra. He is also a professional musician and singer and uses his network in the music industry to provide opportunities for ACT students. Master classes and mentorships with professional artists are often available to ACT students, especially for those who would like to explore a career in the arts, whether that be on stage or behind-the-scenes.

### 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."

BIPOC

## *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.

PCF ARPA 2022 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.

NA

### 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.

PCF ARPA Budget-ACT.xlsx

The formula in the "Price Per Item" column would not populate for the second item listed. But the line item is only 1 in quantity so the total amount requested on that line is also the price per item. The budget reflects to more expensive van, however, this van is also the size we prefer (30 passenger vs. 26 passenger).

## Other Funding Sources\*

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

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

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

Currently there is no additional funding applied for or secured for the purchase of the vans. The vehicles have been on our list of priorities for a number of years, but the pandemic put those plans on pause. As we continue to come out of the pandemic, we have had other priorities to tackle before these purchases. This opportunity is the first we have come across that will allow us to make this vision a reality.

## 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.

With the purchase of these 2 vehicles ACT will be increasing its operating costs due to maintenance and the need for drivers. We will use funds raised by our annual Champions for ACT Breakfast to compensate for these additional costs.

## *Organization Documentation*

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**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.

ACT\_Budget FY2021-2022 (4).pdf

### **Board of Directors List\***

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Board Contact Info.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 - 990.pdf

We are in the process of working with the firm that completed the attached 990 for 2020 for our 2021 fiscal year.

### **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.

2020 - ACT\_ Financial Review Audit.pdf

## *Insurance Requirements*

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### **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.**

In Touch With Communities COI 21-22.pdf

### **Insurance Requirement\***

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

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

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

**PCF will not ask for a certificate naming us as additional insured until the contracting stage.**

Yes, I understand and will comply with this requirement if awarded a contract.

## *Post-Grant Requirements*

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### **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](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### Budget Summary

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### Additional Upload

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

### Anything else to share?

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

### Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- PCF ARPA 2022 Quotes.pdf
- PCF ARPA Budget-ACT.xlsx
- ACT\_Budget FY2021-2022 (4).pdf
- Board Contact Info.pdf
- 2020 - 990.pdf
- 2020 - ACT\_ Financial Review Audit.pdf
- In Touch With Communities COI 21-22.pdf



# CHEVY TRAVERSE | VEHICLE LISTING DETAILS | VEHICLE LOCATOR

Inventory Results

Saved (0)



## 2023 CHEVROLET TRAVERSE HIGH COUNTRY FWD

IN TRANSIT

VIN: 1GNERNKW5PJ108524 | Stock ID : G108524

[Window Sticker](#)

[Send](#)

[Save](#)

Net Price with Dealer Fees

**\$53,140<sup>±</sup>**


Price provided by [GETTEL CHEVROLET BUICK GMC](#)

Home Location 33701 [Edit](#)

[Trade-in Appraisal](#)


[Request A Test Drive](#)

### Additional equipment on this High Country



Bright wheel locks

**\$95**



CHEVROLET

3.6L V6 engine

**\$0**



CHEVROLET



CHEVROLET

### Manufacturer's Suggested Retail Price Detail

Standard Vehicle Price

**\$51,700**

Installed Options

**\$45**

Bright wheel locks



**\$95**

3.6L V6 engine

**No Charge**



9-speed automatic transmission  <b>\$0</b>	LANE CHANGE ALERT WITH SIDE BLIND ZONE ALERT  <b>\$0</b>
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 <b>CHEVROLET</b>  REAR PARK ASSIST  <b>\$0</b>	 <b>CHEVROLET</b>  Not Equipped with Rear Park Assist  <b>-\$50</b>
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9-speed automatic transmission	No Charge
Emissions, Federal requirements	No Charge
LANE CHANGE ALERT WITH SIDE BLIND ZONE ALERT	No Charge
REAR PARK ASSIST	No Charge
Not Equipped with Rear Park Assist	-\$50

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<b>Total Vehicle and Options</b>	<b>\$51,745</b>
Destination Charge	\$1,395
<b>MSRP - Total Vehicle Price</b>	<b>\$53,140</b>

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**Net Price with Dealer Fees** **\$53,140<sup>±</sup>**

### Key Attributes

<b>EPA EST</b>	<b>ENGINE</b>	<b>TRANSMISSION</b>
MPG	3.6L V6 engine	Automatic
18 City / 27 Hwy		
<b>FUEL</b>	<b>DRIVE</b>	<b>HORSEPOWER</b>
TYPE	TYPE	310 hp
Gasoline	FWD	
Fuel		

### Traverse High Country Standard Equipment

<b>EXTERIOR</b>
<b>Active Aero Shutters, upper Door handles, Bright chrome Deep-tinted glass</b>
<ul style="list-style-type: none"> <li>• Provides added protection from sun and glare</li> <li>• Tint on rear side windows and rear liftgate window</li> </ul>
<b>LED headlamps</b>



# Kia Telluride Fast Buy

Customer address  
Saint Petersburg ▾

VIN 5XYP34HC4NG312609  
Model J4242 Stock 832066

FULL MOTION VIDEO

MODEL INFO



*The Better Way to Buy*



5500 34th St. North Saint Petersburg, FL 33714 | [CrownKia.com](https://CrownKia.com)




## 2022 Telluride EX


Chat Now




 Black Copper


 Black Leather


 EPA Estimated: 20 City / 26 Hwy / 23 Avg \*


 291-hp 3.8L V6


 8-speed Automatic

 Safety: 5/5

 Front-Wheel Drive

 4-door SUV

 8 Passengers

 5 years, 60,000 miles

**Packages & Options**

Towing Package, EX Premium Package, Cargo Tray, Folding, Carpet Floor Mats

FINANCE   LEASE   **CASH**

**\$45,930** \*  [Price Details](#)

Crown Kia Price (excl. taxes & fees)

\$43,035 MSRP

Your Payment Options

[Compare Payment Options](#)

Select the buying or leasing option that you are interested in.

Chat Now





Carpenter Bus Sales • 800-370-6180 • www.carpenterbus.com  
John Adams • jadams@carpenterbus.com • 615-435-1063 (Direct)

# Stock #22158

Quote good through: 9/21/2022

## Description:

- 2023 Ford E450 Starcraft Allstar
- Length: 25'
- Capacity: 26
- Engine: 7.3L V-8 Gas
- Color: White w/ Blue & Silver Stripes
- Status: Ordered



## Price: \$103,900.00

**Monthly Payments as Low as \$1,803**

**Price Includes a 5 Year / 100,000 Mile Body Warranty and a 60,000 Mile Chassis Warranty**

CP=Co-Pilot Seat | LR=Luggage Rack | PS=Perimeter Seating | RR=Rear Ramp | RS=Rear Storage (no wall) | RSW=Rear Storage with Wall | WS=Wheelchair Station

## Features

### Storage

Overhead Luggage Racks (full length both sides)

### Heating & Cooling

65,000 BTU Rear Heater

70,000 BTU A/C with Dual Compressors

### Seating

High-back Berkshire Recliner Seats with Retractable Seat Belts

Vinyl Seats (642 Oxen Dark Blue)

Arm Rests at Aisle

Deluxe Driver's Seat (recline)

### Doors & Windows

36" x 36" T-Slider Windows (T-Slider at Top)

Electric Double-Leaf Entrance Door with Exterior Key Switch

### Electrical

AM/FM/CD with 4 Speakers

Back-up Camera

Ford OEM Alternator (240 Amp)

LED Interior and Exterior Lights

### Exterior Features

Driver's Running Board

Stainless Steel Wheel Inserts with Valve Stem Extensions

### Interior Features

Black Gerflor Flooring

Right Hand Entrance Grab Rail

Safety Package (Reflector Flare Kit & Fire Extinguisher)

### Chassis Features

Tilt Wheel/Cruise Control

Available in December

To buy this bus, please sign the Intent to Buy below and send in the partial payment you and your salesman have agreed on. This bus will remain on the market until we receive both the signed Intent to Buy and the partial payment. Price is F.O.B. Franklin, TN and does not include Sales Tax. All applicable rebates have been deducted.

Purchaser Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Before you buy, please confirm with salesman that pictures and features shown here accurately represent the actual bus you intend to buy.)



## 2022 Starcraft Allstar XL 32'

# Price Proposal



### Sales Experience

550+ Years of Collective Bus Sales Experience  
Servicing Over 1,500 Customers Annually

### Nationwide Network

18 Full-Service Locations Nationwide  
Partners with 25+ Top Manufacturers

### Competitive Pricing

Volume Discounts  
Fixed Contract Pricing

### In-House Financing

Seamless Transactions  
Flexible Structures

**40**

Years In  
Business

**17**

Nationwide  
Locations

**350+**

Dedicated  
Employees

**1,500**

Annual  
Customers

**Creative Bus Sales** offers dedicated sales, parts, and service departments to help you in all stages of bus ownership. Our customers benefit from our strong manufacturer partnerships, the largest in-stock inventory, and a nationwide team of experts. As a family-owned business with experience in the transportation industry since 1980, it's no coincidence that we've grown to become the nation's largest bus dealership.



## 2022 Starcraft Allstar XL 32'





## Specifications

### Chassis

- 2022 IC TC Cab
- Engine: Cummins ISB 6.7 240 HP
- GVWR: 23,500
- Fuel Type: Diesel
- Transmission: Allison 2550, 5 Speed with Overdrive
- Hydraulic Brakes

### Exterior

- Exterior Color: White
- 217" Wheelbase
- "Starview" driver's visibility window in front of entry door
- Black powder coated steel rear bumper
- Rear mud flaps
- Powder-coated steel wheels, front and rear
- Dual rear wheels

### Interior

- B-pillar grab handle, exterior chrome, with anti-slip rubber inserts

### A/C and Heat

- A/C System: TA7733 Super Dual 13, 118K Systems
- Heater: 65K BTU

### Lighting

- Door activated interior lights
- LED mid-ship turn/marker lights
- Surface mound LED entry door exterior light
- Sealed LED stop, tail, and turn signal lights with LED back-up lights
- Entry door step well lights
- Driver and passenger area lighting

### Audio/Visual

- OEM Radio/Audio System

### Wheelchair Accessibility

- 34" x 54" Braun wheelchair lift located in the rear of the unit
- Starcraft circuit board lift interlock
- Wheelchair door upfit package

### Accessories

- Priority seating sign \*\*Required for ADA compliance\*\*

### Safety

- Back-up alarm SAE Type C 97 db(A)

### Passenger Seating Options

- 30 Passenger, 2 Wheelchair

### Seating

- Passenger Seating
  - Seat Fabric: Level 3 Oxen Grey
- Driver Seating: OEM seating: Air Suspension, 6 Position Adjustment, High Back with Headrest, Cloth



## Warranty

### Manufacturer Warranty

- Starcraft 5 Year/100,000 Miles

### Chassis Warranty

- IC Bus Standard Warranty: 12 Months/Unlimited Mileage

### Allison Transmission Warranty

- 7 Year/Unlimited Mileage

All vehicles come with warranty, but Creative Bus Sales offers more value without the added cost. Our coverage and support comes with each of our new buses — *standard*.

### We Process All The Warranty Registrations

We register all of your bus parts for you, no more pesky warranty cards to fill out. This includes *all* parts, wheelchair lift, electronics, HVAC, etc.

### We Handle All The Paperwork

We administer and coordinate any warranty work. You make one call to our warranty department, and they take it from there.

### Repair Facilities Near You

When warranty work is needed, we use service repair facilities near the bus location. We have over 3200 authorized centers and growing. You will never have to drive far to get repairs completed.

### No More Claim Forms

Creative Bus handles all parts of the claim process, you will have no out of pocket expenses, no reimbursements, and the service facility will be paid directly by us.

### Longer Warranty Period

We have negotiated extended periods for the units we sell. Unprecedented 60 month/100,000 mile bumper-to-bumper warranty on the Starcraft bus upfit.





## Pricing

Description	Amount
<b>Bus Cost</b>	\$175,043
<b>Mobility Rebate</b>	(\$1,000)
<b>DOC Fee</b>	\$150
<b>Total*</b>	\$174,193

*\* Pricing does not include DMV, title, or licensing.  
This quote is valid for 30 days from date issued.*

## Finance/Lease

	36 Months	48 Months	60 Months
<b>Finance*</b>	\$5,374	\$4,196	\$3,496
<b>Lease/15,000 Miles*</b>	\$3,217	\$2,874	\$2,758

*\*Estimated payment is based on approved credit. This quote is valid for 30 days from date issued.*

## Available Options

• Graphics Packages	Full Body Wrap	TBD
	½ Body Wrap	\$3,355
	Logos Only	\$1,750
• Driver Protective Barrier		\$1,100
• Clean Transit 12 w/ Solution		\$6,500

## Contact:

Date Issued: 08/22/2022

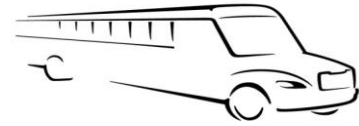
Name: Brad Meekin

Phone: (463)-243-1235

Email: [bmeekin@creativebussales.com](mailto:bmeekin@creativebussales.com)



# Matthews Buses Commercial



**SOUTHEAST REGIONAL OFFICE**  
OFFICE 1-800-330-1175, EXT 428/ CELL 352-266-2363

**ARTS CONSERVATORY FOR TEENS**

**8/19/2022**

**CARLOS 704-9298513**

### PROPOSED VEHICLE ATLAS BUS 30 ADULT CAPACITY

Galvanized Steel Exterior	FMVSS Certified Integrally Welded Steel Bus Body Structure	7 Year / 200K Mile Altoona Tested
Vacuum Laminated Sidewalls	Ventable 36" X 36" Transit T-Slide Windows	One Piece Seamless FRP Roof Panel
White / Light Gray FRP Interior	93" interior width, 80" interior height (75" with Raised Floor)	Undercoated and sealed subfloor
Gerfloor Transit Grade Flooring	5/8" CD Exterior Grade Plywood Flooring with sealed edges	Insulated Roof and Exterior walls
Door Activated Stepwell Lighting	Infinite Track Seating to allow Seat Spacing Modifications	11" Ground to First Step Height
Sound Abating Fabric Headliner	Printed Circuit Board LED Light Modular Electrical System	9.5" Risers, 11" Deep Step Treads
Curbside Modesty Panel Barrier	Dash Mounted Electrical Panel w/ Backlit Transit Grade Switches	Chrome Front Bumper and Grille
High Back Recliner Drivers Seat	LED Tail Lights, Center Brake Light, F&R Overhead Clearance Lights	Dash HVAC / AC & Heating System

### **THE PROPOSED VEHICLE OFFERS A CAPACITY OF 30 ADULTS**

QTY	DESCRIPTION	
1	<b>2023 FORD F450</b>	Ford E-450 / 14,500 GVWR Chassis, 6.8L Gasoline Engine, 5 Speed Automatic Transmission, 225 Ampere Alternator, Dual Batteries, Dash HVAC, Chrome Bumper, F&R Disc Brakes, Halogen Headlights.
1	<b>ATLAS 28</b>	ATLAS 30 PASSENGER ADULT COMMERCIAL CARRIER
1	INTEGRALLY WELDED ALUMINIZED STEEL CAGE STRUCTURE MEETING ALL APPLICABLE FMVSS REGULATIONS	
*	CHASSIS OPTIONS	
1	DRIVERS ENTRY ASSIST RUNNING BOARD CONSTRUCTED OF ALUMINUM DIAMOND PLATE	
1	ENGINE HIGH IDLER / RAISES ENGINE IDLE TO 1500 RPM FOR PROPER ALTERNATOR AND AC PERFORMANCE	
1	STAINLESS STEEL DECORATIVE WHEEL INSERTS / ALL WHEELS	
*	MIRROR OPTIONS	
1	ROSCO TRANSIT GRADE BREAKAWAY REARVIEW EXTERIOR MIRRORS WITH INTEGRAL LOWER CONVEX	
*	INTERIOR TRIM	
1	RAISED FLAT FLOOR / ELIMINATES WHEELHOUSES / REQUIRES AN ADDITIONAL STEP AT ENTRY / 75" HEADROOM	
1	STANDEE LINE / WHITE FLUSH MOUNTED LINE AT FORWARD EDGE OF PASSENGER COMPARTMENT	
1	HEADLINER / GRAY SEA SPRAY CLOTH WITH GRAY FRP WALLS, GRAY VINYL TRIM, AND GRAY VINYL CABLINER	
1	GRAY RUBBER FLOORING WITH 18 INCH AISLE	
*	DOOR OPTIONS	
1	ELECTRICALLY CONTROLLED PASSENGER ENTRANCE DOOR / 32" WIDE CLEAR OPENING X 80" HIGH	
*	WINDOW OPTIONS	
1	REAR EGRESS WINDOW / 48" WIDE X 30" HIGH / WHEN REAR DOOR IS NOT SPECIFIED	
*	CLIMATE CONTROL OPTIONS	
1	HEATER / 32,000 BTU CAPACITY HEATER IN PASSENGER COMPARTMENT / WALL MOUNT	
1	AC 913 HD TM21S 97,000 BTU	
*	PARATRANSIT OPTIONS	
*	SEATING OPTIONS	
1	DRIVERS HIGH BACK RECLINER / FREEDMAN SHIELD WITH LUMBAR SUPPORT AND RIGHT SIDE ARMREST	

2	HIGH BACK SINGLE PASSENGER SEAT / FREEDMAN SEATING / ONE PASSENGER SEAT
14	HIGH BACK DOUBLE PASSENGER SEAT / FREEDMAN SEATING / TWO PASSENGER SEAT
28	UPGRADE TO RECLINER DOUBLE PASSENGER SEAT / FREEDMAN SEATING / PER PASSENGER SEAT
30	SEATBELTS / RETRACTABLE PASSENGER SEATBELTS
16	US ARMRESTS AT AISLE POSITIONS / MOLDED RUBBER FOLDING ARMREST
30	UPGRADE TO LEVEL # 2 PASSENGER SEAT UPHOLSTERY
*	<b>MISC. INTERIOR OPTIONS</b>
1	AUDIO / SONY AM/FM/CD/CLOCK RADIO WITH 4 SPEAKERS IN PASSENGER COMPARTMENT
1	DRIVERS MODESTY PANEL SECURED TO STAINLESS STEEL STANCHION POLES
1	OVERHEAD LUGGAGE RACKS WITH ALUMINUM FRAMING SECURED TO STEEL ROOF BOWS
*	<b>SAFETY OPTIONS</b>
1	SAFETY EQUIPMENT / BACKUP ALARM, 16 UNIT FIRST AID KIT, 5# FIRE EXTINGUISHER, AND TRIANGLE REFLECTORS
*	<b>EXTERIOR OPTIONS</b>
1	COMPOSITE EXTERIOR SKIN / HIGH GLOSS FIBERGLASS IN LIEU OF GALVANIZED STEEL / CORROSION PROOF
*	<b>LIGHT OPTIONS</b>
1	LIGHTING CONTROL / INTERIOR LIGHTS TO ILLUMINATE WHEN ENTRANCE DOOR OPENS
1	LED INTERIOR LIGHTS / BROAD SPECTRUM LED LIGHTING WITH DRIVER MASTER CONTROL
1	LED DRIVER LIGHT / BROAD SPECTRUM LED LIGHT OVER DRIVER WITH DASH SWITCH AND DOOR ACTIVATION
1	LED STEPWELL LIGHT ACTIVATED BY DOOR OPENING / LED LICENSE PLATE LIGHT
1	LED TAIL LIGHTS / RED MARKER & BRAKE, AMBER TURN SIGNALS, CLEAR BACKUP / ALL RUBBER GROMMET MOUNTED
1	LED CLEARANCE AND MARKER LIGHTS / 5 AMBER ON FRONT AND 7 RED AT REAR (RECESSED FOR PROTECTION)
*	<b>GRAPHICS OPTIONS</b>
1	20% DEPOSIT WITH ORDER. EXTERIOR PAINT WHITE

<b>WE ARE PLEASE TO QUOTE EXCLUSIVE OF APPLICABLE TAXES AND DELIVERED TO YOUR FACILITY</b>	<b>\$117,500</b>
--	------------------

**QUOTED BY MARK MATTHEWS**

**All factory concessions have been calculated into this proposal and may require endorsement at the time of delivery.  
DELIVERY ANTICIPATED WITHIN 120 DAYS ARO.**

**Thank You for this opportunity!!**

## ARPA Nonprofit Capital Project Fund – Small Purchases Budget

**Organization Name: Arts Conservatory for Teens**

**Proposal Name: Transportation for Student Enrichment Programming**

A	B	C	D	E	F	G	H
Line Item	Item (Description)	Price Per Item	Quantity of Item	Purchase Total	ARPA Grant Funds Requested	Applicant Match	Funding Total
1	8 Passenger Vehicle (Kia)	\$ 45,930.00	1	\$ 45,930	\$ 45,930		\$ 45,930
2	30 Passenger Van (Matthews)	\$117,500.00	1	\$ 117,500	\$ 117,500	\$ -	\$ 117,500
3		\$ -		\$ -	\$ -	\$ -	\$ -
		\$ -		\$ -	\$ -	\$ -	\$ -
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	<b>TOTAL</b>		<b>2</b>	<b>\$ 163,430</b>	<b>\$ 163,430</b>	<b>\$ -</b>	<b>\$ 163,430</b>

**THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL**  
 Columns E, H, and the "TOTAL" row are locked and cannot be edited

**Key**

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



## **Arts Conservatory For Teens**

Education | Empowerment |  
Enrichment WHAT INSPIRES YOU?

### **Board of Directors**

#### **Dustin Symes**, Chairperson, Finance Committee

Cell:786-773-8043 Address: 7824 Broadmoor Pines  
Blvd., Sarasota, FL 34243 Email:  
Dustin.Symes@gmail.com Company Name:  
GardaWorld Cash Services Title: Senior Vice  
President

#### **Tim Malkiewicz**, Treasurer, Finance

Committee Cell: 727-571-1206 Address:  
3234 Heron Pl, Clearwater, FL 33762  
Email: tim.malkiewicz@gmail.com  
Company Name: Title:

#### **Norman Harris, Esq.**, Secretary Ph: (813) 449-4295 Cell: (706)

573-8254 Address: 8626 Miramar Terrace Circle, Temple  
Terrace, Florida 33637 Email: nharris@cfjlaw.com Company  
Name: Champions for Justice Law, LLC Title: Principal Owner

#### **Maria Giacalone Mozo**, Cell: 813-304-9389

Address: 8424 Stillbrook Ave., Tampa, Fla. 33615  
Email: Maria.L.Giacalone@Gmail.com Company  
Name: Foresters Financial Title: Financial Advisor,  
Registered Representative

#### **Derek Berset**

Cell: 727-744-9033 Address:  
1050 Friendly Way S., St.  
Petersburg, Fla. 33701,  
E: derekb@comegys.com  
Company : Comegys Insurance  
Title: Vice President

#### **Cristina Ayo, Esq., Cell:**

Bank of America Plaza, Suite 2800

101 East Kennedy Boulevard, Tampa,  
FL 33602

E: [cayo@shumaker.com](mailto:cayo@shumaker.com)

Company: Shumaker Law

Title: Attorney at Law

**Santosh**, Finance Committee

4600 W Cypress St. #120, Tampa, FL  
33607

E:

Company: Convergent Capital Partners

Title: Chief Executive Officer

**Jerry Herrman**, Cell: 813-579-8016

Address: 4030 Boy Scout Blvd. Suite  
900 Tampa, FL 33607

E: [Jerry.herrmann@bcicmg.com](mailto:Jerry.herrmann@bcicmg.com)

Company: BCI Capital Management  
Group

Title: Vice President, Florida & National  
Sales

**Erin Sprague**, Cell: 813-442-1239

Address: 2502 North Rocky Point Drive  
Suite 400, Tampa, Florida 33607

E: [erin.sprague@usi.com](mailto:erin.sprague@usi.com),

Company: USI

Title: Employee Benefits Consultant

## **Filing Instructions**

### **In Touch With Communities Around The World, Inc.**

#### **Exempt Organization Tax Return**

#### **Taxable Year Ended December 31, 2020**

**Date Due:** November 15, 2021

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/20 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Marsocci, Appleby and Company, PA  
3815 West Humphrey Street, Suite 101  
Tampa, FL 33614

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.



**Forms 990 / 990-EZ Return Summary**

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**IN TOUCH WITH COMMUNITIES AROUND  
THE WORLD, INC.**      **\*\* - \*\*\*8503**

<b>Net Asset / Fund Balance at Beginning of Year</b>			<u><u>-24,944</u></u>
<b>Revenue</b>			
Contributions	<u>372,080</u>		
Program service revenue	<u>60,750</u>		
Investment income			
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue			
Direct expenses			
Net income			
Other income	<u>0</u>		
<b>Total revenue</b>		<u><u>432,830</u></u>	
<b>Expenses</b>			
Program services	<u>337,072</u>		
Management and general	<u>56,569</u>		
Fundraising	<u>4,491</u>		
<b>Total expenses</b>		<u><u>398,132</u></u>	
<b>Excess / (deficit)</b>			<u><u>34,698</u></u>
Changes			<u><u>-22,345</u></u>
<b>Net Asset / Fund Balance at End of Year</b>			<u><u>-12,591</u></u>

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>432,830</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>398,132</u></u>

	<b>Balance Sheet</b>		
	Beginning	Ending	Differences
Assets	<u>46,718</u>	<u>35,619</u>	
Liabilities	<u>71,662</u>	<u>48,210</u>	
Net assets	<u><u>-24,944</u></u>	<u><u>-12,591</u></u>	<u><u>12,353</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
Return / extended due date 11/15/21  
Failure to file penalty \_\_\_\_\_

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form **8879-EO**

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax **IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**

Taxpayer identification number  
**\*\*-\*\*\*8503**

Name and title of officer or person subject to tax **DUSTIN SYMES  
CHAIRPERSON**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>432,830</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize MARSOCCI, APPLEBY AND COMPANY, PA to enter my PIN 55665 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_ Date ▶ **07/16/21**

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ **07/16/21**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.</b>		<b>D</b> Employer identification number <b>** - ***8503</b>
	Doing business as <b>ARTS CONSERVATORY FOR TEENS</b>		<b>E</b> Telephone number <b>727-346-8223</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1111 18TH AVENUE SOUTH</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>ST PETERSBURG FL 33705</b>		<b>G</b> Gross receipts \$ <b>432,830</b>
<b>F</b> Name and address of principal officer: <b>DUSTIN SYMES</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.ARTSCONSERVATORYFORTEENS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2012</b> <b>M</b> State of legal domicile: <b>FL</b>
<b>H(c)</b> Group exemption number ▶			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ARTS CONSERVATORY FOR TEENS' MISSION IS TO EDUCATE, EMPOWER, AND ENRICH THE LIVES OF YOUTH AND TEENS THROUGH ARTS EDUCATION. ACT IS AN EVIDENCE-BASED BEFORE AND AFTER SCHOOL ARTS MAGNET PROGRAM (AMP).</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>40</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>451,145</b>	<b>372,080</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>74,025</b>	<b>60,750</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,201</b>	<b>0</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>528,371</b>	<b>432,830</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>283,318</b>	<b>176,750</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>4,491</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>271,605</b>	<b>221,382</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>554,923</b>	<b>398,132</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-26,552</b>	<b>34,698</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>46,718</b>	<b>35,619</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>71,662</b>	<b>48,210</b>
		<b>-24,944</b>	<b>-12,591</b>

**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.

<b>Sign Here</b>	Signature of officer <b>DUSTIN SYMES</b>	Date			
	Type or print name and title <b>CHAIRPERSON</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GERALD L APPELBY</b>	Preparer's signature <i>[Signature]</i>	Date <b>07/19/21</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
	Firm's name ▶ <b>MARSOCCI, APPELBY AND COMPANY, PA</b>	Firm's EIN ▶ <b>** - ***1960</b>			
	Firm's address ▶ <b>3815 WEST HUMPHREY STREET, SUITE 101 TAMPA, FL 33614</b>	Phone no. <b>813-932-2116</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
**ARTS CONSERVATORY FOR TEENS' MISSION IS TO EDUCATE, EMPOWER, AND ENRICH THE LIVES OF YOUTH AND TEENS THROUGH ARTS EDUCATION. ACT IS AN EVIDENCE-BASED BEFORE AND AFTER SCHOOL ARTS MAGNET PROGRAM (AMP).**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**SEE SCHEDULE O**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ **337,072** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶ 337,072**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	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 any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
38		X	

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			13
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			X

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a   7		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O.</i>	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**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

**Section 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 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 independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 ►

**HERBERT MURPHY** 1111 18TH AVE SOUTH FL 33705 727-346-8223  
**SAINT PETERSBURG**



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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)DEREK BERSET	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(2)CRISTINA AYO, ESQ	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(3)NORMAN HARRIS, ESQ	0.00									
SECRETARY	0.00	X		X			0	0	0	
(4)VALERIE FULBRIGHT	0.00									
VICE CHAIR	0.00	X		X			0	0	0	
(5)SANTOSH GOVINDARAJU	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(6)JERRY HERRMAN	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7)TIM MALKIEWICZ	0.00									
TREASURER	0.00	X		X			0	0	0	
(8)MARIA GIACALONE MOZO	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9)ERIN SPRAGUE	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10)DUSTIN SYMES	0.00									
CHAIRPERSON	0.00	X		X			0	0	0	
(11)										

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			

**1b Subtotal** ..... ▶  
**c Total from continuation sheets to Part VII, Section A** ..... ▶  
**d Total (add lines 1b and 1c)** ..... ▶

**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 ▶ **0**

	Yes	No
<b>3</b> 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
<b>4</b> 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
<b>5</b> 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

**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 ▶ **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	197,957			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	174,123			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>372,080</b>			
<b>Program Service Revenue</b>	2a <b>PRODUCT INCOME</b>	Business Code	60,750	60,750		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>60,750</b>			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)					
	8a 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				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a	Business Code				
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>		<b>432,830</b>	<b>60,750</b>	<b>0</b>	<b>0</b>	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	89,424	65,939	23,485	
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	73,601	64,481	9,120	
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	13,725	10,980	2,745	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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 Schedule O.)				
12 Advertising and promotion	9,283	7,426	1,857	
13 Office expenses				
14 Information technology	2,924	2,924		
15 Royalties				
16 Occupancy	8,576	5,977	2,599	
17 Travel	6,099	6,099		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,012		4,012	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,449	13,999	3,450	
23 Insurance	12,949	10,359	2,590	
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 <b>PROGRAM EXPENSES</b>	137,903	137,903		
b <b>PROGRAM SUPPLIES</b>	8,859	8,859		
c <b>OFFICE EXPENSES</b>	4,594		4,594	
d <b>FUNDRAISING EXPENSES</b>	4,491			4,491
e All other expenses	4,243	2,126	2,117	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	398,132	337,072	56,569	4,491
26 <b>Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing		<b>23,966</b>	
	<b>2</b> Savings and temporary cash investments			
	<b>3</b> Pledges and grants receivable, net			
	<b>4</b> Accounts receivable, net			
	<b>5</b> 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			
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
	<b>7</b> Notes and loans receivable, net			
	<b>8</b> Inventories for sale or use			
	<b>9</b> Prepaid expenses and deferred charges			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>88,087</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>76,434</b>	<b>46,718</b>	<b>10c</b> <b>11,653</b>
	<b>11</b> Investments—publicly traded securities			
	<b>12</b> Investments—other securities. See Part IV, line 11			
	<b>13</b> Investments—program-related. See Part IV, line 11			
	<b>14</b> Intangible assets			
	<b>15</b> Other assets. See Part IV, line 11			
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		<b>46,718</b>	<b>35,619</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>10,662</b>	<b>1,141</b>	
	<b>18</b> Grants payable			
	<b>19</b> Deferred revenue			
	<b>20</b> Tax-exempt bond liabilities			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			
	<b>22</b> 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			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties			
	<b>25</b> 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	<b>61,000</b>		<b>47,069</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	<b>71,662</b>		<b>48,210</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>-24,944</b>	<b>-12,591</b>	
	<b>28</b> Net assets with donor restrictions			
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds			
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds			
<b>32</b> <b>Total net assets or fund balances</b>	<b>-24,944</b>		<b>-12,591</b>	
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	<b>46,718</b>		<b>35,619</b>	

**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	432,830
2	Total expenses (must equal Part IX, column (A), line 25)	2	398,132
3	Revenue less expenses. Subtract line 2 from line 1	3	34,698
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-24,944
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-22,345
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-12,591

**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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.** Employer identification number **\*\*-\*\*\*8503**

**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).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 9  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: .....
- 10  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).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 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.")		390,117	474,542	451,145	372,080	1,687,884
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		390,117	474,542	451,145	372,080	1,687,884
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						1,687,884

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4		390,117	474,542	451,145	372,080	1,687,884
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)		46,377	45,991			92,368
11 Total support. Add lines 7 through 10						1,780,252

12 Gross receipts from related activities, etc. (see instructions) 12 137,976

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**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	94.81%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	93.44%

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

b 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

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

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



**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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 <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2020.** 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—2019.** 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 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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 <b>Part VI</b> .		
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.)		

**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 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	
c	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	

**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? 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	

**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)? 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	

**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?	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 supported organizations played in this regard.	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? 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, 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.		
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? 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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-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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
<b>6</b> Other distributions (describe in Part VI). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
<b>9</b> Distributable amount for 2020 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 .....			
<b>b</b> From 2016 .....			
<b>c</b> From 2017 .....			
<b>d</b> From 2018 .....			
<b>e</b> From 2019 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 .....			
<b>b</b> Excess from 2017 .....			
<b>c</b> Excess from 2018 .....			
<b>d</b> Excess from 2019 .....			
<b>e</b> Excess from 2020 .....			

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 92,368

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**IN TOUCH WITH COMMUNITIES AROUND  
THE WORLD, INC.**

Employer identification number

**\*\* - \*\*\*8503**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-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:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

IN TOUCH WITH COMMUNITIES AROUND

Employer identification number

\*\*-\*\*\*8503

**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	JAMES ARESTY 400 BEACH DR ST PETE FL 33701	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RAYMUND FOUNDATION 2620 SUNSET WAY ST PETE BEACH FL 33708	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PREMIER EYE CARE 607 W BAY STREET TAMPA FL 33606	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COMEGYS INSURANCE ONE BEACH DRIVE S.E. 2ND FLOOR ST PETERSBURG FL 33701	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	DIVISION OF CULTURAL AFFAIRS 500 SOUTH BRONOUGH STREET TALLAHASSEE FL 32399	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PINELLAS COUNTY GOVERNMENT 315 COURT ST 501 CLEARWATER FL 33756	\$ 73,757	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>IN TOUCH WITH COMMUNITIES AROUND</b>	Employer identification number <b>** - ***8503</b>
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**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
7	PINELLAS COMMUNITY FOUNDATION 17755 US HWY 19 N CLEARWATER FL 33764	\$ 16,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FOUNDATION FOR A HEALTHY ST PETE 2333 34TH ST S ST PETERSBURG FL 33711	\$ 14,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	J CRAYTON PRUITT FOUNDATION P.O. BOX 233 ST PETERSBURG FL 33731	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ARTHUR FOUNDATION 1001 62ND ST S GULFPORT FL 33707	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	CITY OF ST PETERSBURG P.O. 2842 ST PTERESBURG FL 33731	\$ 34,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	SMALL BUSINESS ADMIN 1777 TAMiami TRAIL 309 PORT CHARLOTTE FL 33948	\$ 69,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2020

Open to Public Inspection

Name of the organization

IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.

Employer identification number

\*\*-\*\*\*8503

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 on 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 .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- 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 ..... | 3a(i)  |    |
| (ii) Related organizations .....  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		88,087	76,434	11,653
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>11,653</b>

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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) <b>OTHER LIABILITIES</b>	<b>47,069</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>47,069</b>

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





**SCHEDULE O**  
(Form 990 or 990-EZ)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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**IN TOUCH WITH COMMUNITIES AROUND  
THE WORLD, INC.**

Employer identification number

**\*\* - \*\*\*8503****FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

ARTS MAGNET PROGRAMS (AMP) ARTS CONSERVATORY FOR TEENS - OUR MISSION IS TO EMPOWER, EDUCATE AND ENRICH YOUTH AND TEENS THROUGH ARTS EDUCATION. OUR AMP PROGRAM CONTINUES TO PREPARE TEENAGERS FOR HIGH SCHOOL GRADUATION AND COLLEGE, BY OFFERING ACADEMIC SUPPORT, ARTS EDUCATION AND TRAINING, THEATRICAL PRODUCTIONS, CAREER DEVELOPMENT, HEALTHY LIVING, AND LEADERSHIP DEVELOPMENT ACTIVITIES WITH ONGOING MENTORING RELATIONSHIPS THAT INCREASE CONFIDENCE AND ENCOURAGE SUCCESS IN ALL AREAS OF THEIR LIVES. OUR AFTER-SCHOOL ARTS, EDUCATION AND TECHNOLOGY PROGRAMS IS A HOLISTIC APPROACH TO HELPING AT-RISK AND HIGH-RISK YOUTHS AND TEENS REACH THEIR FULLEST POTENTIAL THROUGH CREATIVE AND INFORMATIVE PROFESSIONAL ARTS TRAINING (I.E., DANCE, VISUAL ARTS, VOCAL COACHING, THEATRE, SPOKEN WORD, TECHNOLOGY) AND EDUCATIONAL WORKSHOPS (I.E., HEALTH, LEADERSHIP, COLLEGE PREP CAREER GUIDANCE). ACCOMPLISHMENTS: SERVICE IMPACT TO YOUTH AND TEENS: ONE HUNDRED PERCENT HIGH SCHOOL GRADUATION RATE, NINETY PERCENT COLLEGE PLACEMENT RATE, OVER 2500 YOUTH SERVED TO DATE, OVER 12,500 ATTENDEES FOR SEASON PRODUCTIONS AND TOUR PRODUCTIONS.

**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

CHARACTER ESSENTIALS ASSISTS SCHOOLS BY PROVIDING A LEARNING-BASED ENVIRONMENT FOR ALL STUDENTS IN ORDER FOR THEM TO ACHIEVE SUCCESS. CHARACTER ESSENTIALS (CE) IS OFFERED ON SCHOOL CAMPUSES BEFORE SCHOOL AND FOCUSES ON ACADEMIC POTENTIAL WHILE IMPROVING BEHAVIORAL CHALLENGES THROUGH OUR STRATEGIC YET CREATIVE ENGAGEMENT PEDAGOGY. WE UTILIZE THE VEHICLE OF PERFORMING VISUAL ARTS AND MULTIMEDIA TO ENGAGE OUR STUDENTS WHILE

Name of the organization

IN TOUCH WITH COMMUNITIES AROUND

Employer identification number

\*\*-\*\*\*8503

CULTIVATING CHARACTER PRINCIPLES AND CREATIVE SKILLS. SOME OF CE'S CREATIVE SKILLS DEVELOPMENT FOCUSES ARE: DANCE, ACTING, VISUAL ARTS, SIGNING, GAME CODING, VIDEO PRODUCTION, DIGITAL PHOTOGRAPHY AND DJ SPINNING. ACCOMPLISHMENTS: GOAL 1 PROBLEM-SOLVING AND EMOTIONAL INTELLIGENCE. GOAL 2 ACADEMIC POTENTIAL INCREASED. STUDENTS REPORT BEING MORE EXCITED ABOUT LEARNING. GOAL 3 LEADERSHIP POTENTIAL: RESPONDENTS REPORT THAT ACT IMPROVED COMMUNICATION SKILLS. GOAL 4 ACQUISITION OF SKILLS IN THE ARTS. CHARACTER ESSENTIALS SERVICES STUDENTS IN FIVE MIDDLE SCHOOLS IN PINELLAS COUNTY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

GOAL 4 ACQUISITION OF SKILLS IN THE ARTS. CHARACTER ESSENTIALS SERVICES STUDENTS IN FIVE MIDDLE SCHOOLS IN PINELLAS COUNTY.

FORM 990, PART VI - ADDITIONAL INFORMATION

ALL DOCUMENTS WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. A DRAFT FORM 990 IS SENT TO THE OFFICERS AND BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

THE DOCUMENT WILL BE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS



Name of the organization

Employer identification number

**IN TOUCH WITH COMMUNITIES AROUND**

**\*\* - \*\*\*8503**

**ARE AVAILABLE TO THE PUBLIC INSPECTION UPON REQUEST.**

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**

Identifying number  
**\*\* - \*\*\*8503**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,449

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,449
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

\*\*-\*\*\*8503

**Federal Asset Report****Form 990, Page 1**

FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	2017 Ford Van	5/17/17	35,000			35,000	5 MO S/L	23,530	7,000
2	2017 Ford Van	5/26/17	35,000			35,000	5 MO S/L	23,530	7,000
3	Drum set	1/01/17	500			500	5 MO S/L	467	33
4	yamaha key board	3/01/17	500			500	5 MO S/L	442	58
5	Apple laptops	2/01/17	4,800			4,800	5 MO S/L	3,359	960
6	LS Flat screen	2/01/17	599			599	5 MO S/L	539	60
7	Apple Mac Desktop	2/01/17	2,700			2,700	5 MO S/L	1,890	540
8	Vintage Pianos	1/01/18	1,000			1,000	5 MO S/L	533	200
9	Sony A6000 Camera	1/01/18	800			800	5 MO S/L	427	160
10	Vintage Pianos & Seats	1/01/17	1,000			1,000	5 MO S/L	717	200
11	LG Flat Screen	2/01/18	599			599	5 MO S/L	309	120
12	Sofa	2/01/18	888			888	5 MO S/L	459	177
13	Apple Laptops (2)	4/01/17	3,200			3,200	5 MO S/L	2,133	640
14	equipment	6/30/18	1,501			1,501	5 MO S/L	650	301
<b>Total Other Depreciation</b>			<b>88,087</b>			<b>88,087</b>		<b>58,985</b>	<b>17,449</b>
<b>Total ACRS and Other Depreciation</b>			<b>88,087</b>			<b>88,087</b>		<b>58,985</b>	<b>17,449</b>
<b>Grand Totals</b>			<b>88,087</b>			<b>88,087</b>		<b>58,985</b>	<b>17,449</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>88,087</b>			<b>88,087</b>		<b>58,985</b>	<b>17,449</b>

\*\*-\*\*\*8503

**AMT Asset Report****Form 990, Page 1**

FYE: 12/31/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	2017 Ford Van	5/17/17	0			0	0 HY	0	0
2	2017 Ford Van	5/26/17	0			0	0 HY	0	0
3	Drum set	1/01/17	0			0	0 HY	0	0
4	yamaha key board	3/01/17	0			0	0 HY	0	0
5	Apple laptops	2/01/17	0			0	0 HY	0	0
6	LS Flat screen	2/01/17	0			0	0 HY	0	0
7	Apple Mac Desktop	2/01/17	0			0	0 HY	0	0
8	Vintage Pianos	1/01/18	0			0	0 HY	0	0
9	Sony A6000 Camera	1/01/18	0			0	0 HY	0	0
10	Vintage Pianos & Seats	1/01/17	0			0	0 HY	0	0
11	LG Flat Screen	2/01/18	0			0	0 HY	0	0
12	Sofa	2/01/18	0			0	0 HY	0	0
13	Apple Laptops (2)	4/01/17	0			0	0 HY	0	0
14	equipment	6/30/18	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

\*\*-\*\*\*8503

**Future Depreciation Report****FYE: 12/31/21**

FYE: 12/31/2020

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
1	2017 Ford Van	5/17/17	35,000	4,470	0
2	2017 Ford Van	5/26/17	35,000	4,470	0
3	Drum set	1/01/17	500	0	0
4	yamaha key board	3/01/17	500	0	0
5	Apple laptops	2/01/17	4,800	481	0
6	LS Flat screen	2/01/17	599	0	0
7	Apple Mac Desktop	2/01/17	2,700	270	0
8	Vintage Pianos	1/01/18	1,000	200	0
9	Sony A6000 Camera	1/01/18	800	160	0
10	Vintage Pianos & Seats	1/01/17	1,000	83	0
11	LG Flat Screen	2/01/18	599	120	0
12	Sofa	2/01/18	888	178	0
13	Apple Laptops (2)	4/01/17	3,200	427	0
14	equipment	6/30/18	1,501	300	0
	<b>Total Other Depreciation</b>		<u>88,087</u>	<u>11,159</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>88,087</u>	<u>11,159</u>	<u>0</u>
	<b>Grand Totals</b>		<u>88,087</u>	<u>11,159</u>	<u>0</u>

Form **990****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning , ending

Name

Taxpayer Identification Number

**IN TOUCH WITH COMMUNITIES AROUND  
THE WORLD, INC.****\*\* - \*\*\*8503**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. 451,145	174,123	-277,022
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3.	197,957	197,957
	4. Program service revenue .....	4. 74,025	60,750	-13,275
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8.		
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. 3,201		-3,201
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. 528,371	432,830	-95,541
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. 150,000	89,424	-60,576
	16. Salaries, other compensation, and employee benefits .....	16. 133,318	87,326	-45,992
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 4,271		-4,271
	19. Occupancy, rent, utilities, and maintenance .....	19. 17,541	8,576	-8,965
	20. Depreciation and Depletion .....	20. 17,616	17,449	-167
	21. Other expenses .....	21. 232,177	195,357	-36,820
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. 554,923	398,132	-156,791
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. -26,552	34,698	61,250
<b>Other Information</b>	24. Total exempt revenue .....	24. 528,371	432,830	-95,541
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 77,226	60,750	-16,476
	27. Total assets .....	27. 46,718	35,619	-11,099
	28. Total liabilities .....	28. 71,662	48,210	-23,452
	29. Retained earnings .....	29. -24,944	-12,591	12,353
	30. Number of voting members of governing body .....	30. 10	10	
31. Number of independent voting members of governing body .....	31. 10	10		
32. Number of employees .....	32. 8	7		
33. Number of volunteers .....	33. 40	40		

<b>Form 990</b>	<b>Tax Return History</b>	<b>2020</b>
Name <b>IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.</b>		Employer Identification Number <b>**-***8503</b>

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants			297,746	451,145	372,080	
Membership dues						
Program service revenue			74,025	74,025	60,750	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			156,600	3,201		
<b>Total revenue</b>			<b>528,371</b>	<b>528,371</b>	<b>432,830</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			150,000	150,000	89,424	
Other compensation			133,318	133,318	87,326	
Professional fees			4,271	4,271		
Occupancy costs			17,541	17,541	8,576	
Depreciation and depletion			17,617	17,616	17,449	
Other expenses			232,177	232,177	195,357	
<b>Total expenses</b>			<b>554,924</b>	<b>554,923</b>	<b>398,132</b>	
<b>Excess or (Deficit)</b>			<b>-26,553</b>	<b>-26,552</b>	<b>34,698</b>	
<b>Total exempt revenue</b>			<b>528,371</b>	<b>528,371</b>	<b>432,830</b>	
Total unrelated revenue						
Total excludable revenue			230,625	77,226	60,750	
Total Assets			46,718	46,718	35,619	
Total Liabilities			71,662	71,662	48,210	
Net Fund Balances			-24,944	-24,944	-12,591	



**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MEALS & ENTRERTIANMENT	\$ 1,328	\$ 1,328	\$	\$
DIRECTORS AND OFFICERS	1,257		1,257	
BANK CHARGES	684	547	137	
DUES & SUBSCRIPTIONS	453		453	
BUSINESS REGISTRATION FEE	270		270	
OTHER	251	251		
<b>TOTAL</b>	<b>\$ 4,243</b>	<b>\$ 2,126</b>	<b>\$ 2,117</b>	<b>\$ 0</b>

\*\*\_\*\*\*8503

## Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 50,323
JAMES ARESTY	
CASH CONTRIBUTION	10,000
RAYMUND FOUNDATION	
CASH CONTRIBUTION	10,000
CRAIG AND JAN SHER	
CASH CONTRIBUTION	5,000
PREMIER EYE CARE	
CASH CONTRIBUTION	25,000
COMEGYS INSURANCE	
CASH CONTRIBUTION	13,000
HERITAGE INSURANCE	
CASH CONTRIBUTION	5,000
DIVISION OF CULTURAL AFFAIRS	
CASH CONTRIBUTION	21,000
PINELLAS COUNTY GOVERNMENT	
CASH CONTRIBUTION	73,757
CASPER COMPANY MCDONALDS	
CASH CONTRIBUTION	5,000
PINELLAS COMMUNITY FOUNDATION	
CASH CONTRIBUTION	16,000
FOUNDATION FOR A HEALTHY ST PETE	
CASH CONTRIBUTION	14,800
J CRAYTON PRUITT FOUNDATION	
CASH CONTRIBUTION	10,000
ARTHUR FOUNDATION	
CASH CONTRIBUTION	10,000
CITY OF ST PETERSBURG	
CASH CONTRIBUTION	34,200
SMALL BUSINESS ADMIN	
CASH CONTRIBUTION	69,000
TOTAL	\$ <u>372,080</u>

**Federal Statements****Schedule A, Part II, Line 12 - Current year**

<u>Description</u>	<u>Amount</u>
PRODUCT INCOME	\$ 60,750
PERFORMANCE INCOME	
CONSULTING INCOME	
TOTAL	<u>\$ 60,750</u>

**IN TOUCH WITH COMMUNITIES  
AROUND THE WORLD, INC.  
d/b/a  
ARTS CONSERVATORY FOR TEENS  
(ACT)**

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**FINANCIAL STATEMENTS  
AUGUST 31, 2020 AND 2019**

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.  
d/b/a ARTS CONSERVATORY FOR TEENS (ACT)**

**FINANCIAL STATEMENTS**

**AUGUST 31, 2020 AND 2019**

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3815 W. Humphrey St.  
Suite 101  
Tampa, Florida 33614

(813) 932-2116  
(813) 930-0489 Fax

## **INDEPENDENT ACCOUNTANTS' REVIEW REPORT**

Board of Directors  
In Touch with Communities Around the World, Inc.  
d/b/a Arts Conservatory for Teens (ACT)

We have reviewed the accompanying financial statements of In Touch with Communities Around the World, Inc. d/b/a Arts Conservatory for Teens (ACT) (the 'Organization') which comprise the statements of financial position as of August 31, 2020 and 2019 and the related statements of activities, functional expenses and cash flows for the years then ended and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of the 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 the financial statements that are free from material misstatement whether due to fraud or error.

### **Accountants' Responsibility**

Our responsibility is to conduct the reviews in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

### **Accountants' Conclusion**

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

*Marsocci, Appleby & Company P.A.*

Marsocci, Appleby & Company, P.A.  
Tampa, Florida  
March 14, 2021

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS**  
**STATEMENTS OF FINANCIAL POSITION**  
**AUGUST 31, 2020 AND 2019**

	2020	2019
<b>ASSETS</b>		
<b>CURRENT ASSETS:</b>		
Cash	\$ 41,969	\$ 2,409
Total current assets	41,969	2,409
<b>PROPERTY AND EQUIPMENT, net</b>	29,103	46,720
<b>TOTAL ASSETS</b>	\$ 71,072	\$ 49,129
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES:</b>		
Accounts payable and accrued expenses	\$ 1,610	\$ 9,538
Line of credit	50,000	50,000
Loans from Officers	-	6,000
Total current liabilities	51,610	65,538
<b>NET ASSETS - WITHOUT DONOR RESTRICTION</b>	19,462	(16,409)
<b>TOTAL LIABILITIES AND NET ASSETS</b>	\$ 71,072	\$ 49,129

See independent accountants' review report and notes to the financial statements.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS**  
**STATEMENTS OF ACTIVITIES**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>REVENUES:</b>		
Government support	\$ 66,435	\$ 117,048
Direct public support	127,974	148,349
Foundation revenue	75,800	53,919
Fundraising	49,651	153,728
Product income	<u>76,781</u>	<u>75,831</u>
<b>TOTAL REVENUES</b>	<u>396,641</u>	<u>548,875</u>
<b>EXPENSES:</b>		
Program services	298,074	596,334
Supporting services	<u>62,696</u>	<u>123,334</u>
<b>TOTAL EXPENSES</b>	<u>360,770</u>	<u>719,668</u>
<b>INCREASE (DECREASE) IN NET ASSETS</b>	35,871	(170,793)
<b>NET ASSETS - WITHOUT DONOR RESTRICTION, beginning of year</b>	<u>(16,409)</u>	<u>154,384</u>
<b>NET ASSETS - WITHOUT DONOR RESTRICTION, end of year</b>	<u>\$ 19,462</u>	<u>\$ (16,409)</u>

See independent accountants' review report and notes to the financial statements.



**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED AUGUST 31, 2020**

	Program Services	Supporting Services			Total
		General and Administrative	Fundraising	Total	
Salary expenses	\$ 141,252	\$ 35,313	\$ -	\$ 35,313	\$ 176,565
Program expenses	95,795	-	-	-	95,795
Office expenses	16,979	4,245	-	4,245	21,224
Depreciation	14,094	3,523	-	3,523	17,617
Insurance	13,678	3,420	-	3,420	17,098
Meals and travel	7,130	1,783	-	1,783	8,913
Fund raising expenses	-	-	6,517	6,517	6,517
Advertising	4,640	1,160	-	1,160	5,800
Interest	-	5,608	-	5,608	5,608
Occupancy costs	4,506	1,127	-	1,127	5,633
<b>Total</b>	<b>\$ 298,074</b>	<b>\$ 56,179</b>	<b>\$ 6,517</b>	<b>\$ 62,696</b>	<b>\$ 360,770</b>

See independent accountants' review report and notes to the financial statements.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS**  
**STATEMENT OF FUNCTIONAL EXPENSES**  
**FOR THE YEAR ENDED AUGUST 31, 2019**

	Program Services	Supporting Services			Total
		General and Administrative	Fundraising	Total	
Salary expenses	\$ 292,950	\$ 73,237	\$ -	\$ 73,237	\$ 366,187
Program expenses	196,293	-	-	-	196,293
Advertising	34,070	8,518	-	8,518	42,588
Office expenses	23,209	2,627	-	2,627	25,836
Fund raising expenses	-	-	23,374	23,374	23,374
Insurance	17,651	4,413	-	4,413	22,064
Depreciation	14,134	3,483	-	3,483	17,617
Meals and travel	10,117	2,529	-	2,529	12,646
Occupancy costs	7,510	1,878	-	1,878	9,388
Interest expense	-	3,175	-	3,175	3,175
Professional fees	400	100	-	100	500
<b>Total</b>	<b>\$ 596,334</b>	<b>\$ 99,960</b>	<b>\$ 23,374</b>	<b>\$ 123,334</b>	<b>\$ 719,668</b>

See independent accountants' review report and notes to the financial statements.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Increase (decrease) in net assets	\$ 35,871	\$ (170,793)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Depreciation	17,617	17,617
Changes in operating assets and liabilities:		
Accounts payable and accrued expenses	<u>(7,928)</u>	<u>9,538</u>
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<u>45,560</u>	<u>(143,638)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Line of credit	-	50,000
Loan from officer	<u>(6,000)</u>	<u>6,000</u>
<b>NET CASH (USED IN) PROVIDED BY FINANCING ACTIVITIES</b>	<u>(6,000)</u>	<u>56,000</u>
<b>NET INCREASE (DECREASE) IN CASH</b>	39,560	(87,638)
<b>CASH, beginning of year</b>	<u>2,409</u>	<u>90,047</u>
<b>CASH, end of year</b>	<u>\$ 41,969</u>	<u>\$ 2,409</u>
<b>SUPPLEMENTAL DISCLOSURES:</b>		
Interest paid	<u>\$ 5,608</u>	<u>\$ 3,175</u>

See independent accountants' review report and notes to the financial statements.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS (ACT)**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

**NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

Nature of Operations

In Touch with Communities Around the World, Inc. d/b/a Arts Conservatory for Teens ( "ACT") is a non profit corporation incorporated in compliance with the requirements of Florida Statute, Chapter 817.155.

ACT began its operations on, September 6, 2012 and is a 501(3)(c) tax exempt according to the Internal Revenue Code . The exemption certificate dated September 6, 2012 states that contributions are tax deductible under section 170 of the Code.

The mission of the organization is to educate, empower and enrich the lives of youth and teens through arts education. ACT is an evidence-based before and after school youth development organization that fosters the development of healthy, productive, responsible citizens. ACT's most significant youth activities include the Arts Magnet Program, Character Essentials, Young Artists Alliance, and Teens Empowered Today.

Basis of Accounting

The Organization's financial statements have been prepared using the accrual basis of accounting whereby all revenues are recorded when earned and all expenses are recorded when incurred.

Basis of Presentation

The Organization has presented its financial statements in accordance with U.S. generally accepted accounting principles for not-for-profit organizations. Under this guidance, the Organization is required to report information regarding its financial position and activities according to two classes of net assets: net assets – without donor restrictions and net assets – with donor restrictions.

- Net assets – without donor restrictions are those amounts currently available at the discretion of the Board of Directors for use in the Organization's operations. These assets are not subject to donor-imposed restrictions, or the donor-imposed restrictions have expired.
- Net assets – with donor restrictions are restricted amounts which are restricted by donors for specific purposes that may become unrestricted by actions taken by the Organization or the passage of time. There were no net assets with donor restrictions at August 31, 2020 and 2019.

Functional Allocation of Expenses

The costs of providing various program and related supporting services have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated to the appropriate program and supporting services.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents for the purpose of determining cash flows.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS (ACT)**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

**NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):**

Fair Value Measurements

The carrying amounts of financial instruments including cash, grants receivable, and accounts payable and accrued expenses approximate their fair values because of the relatively short maturity of these instruments.

Property and Equipment

Property and equipment is recorded at historical cost and includes expenditures which substantially increase the useful lives of existing property and equipment. The Organization follows the practice of capitalizing all expenditures for property and equipment, or if donated, at fair market value at the date of acquisition. Maintenance and repairs are charged to operations when incurred. When property and equipment is sold or otherwise disposed of, the related asset account and related accumulated depreciation account are relieved, and any gain or loss is included in other income or expense.

Depreciation expense was \$17,617 for the years ended August 31, 2020 and 2019. Depreciation of property and equipment is computed using the straight line method based on estimated useful lives which range from 2 to 8 years.

Advertising Costs

Advertising costs are charged to operations when incurred. During the year ended August 31, 2020 and 2019, advertising costs amounted to \$5,800 and \$42,588.

Donated Materials and Services

All non-cash contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Donated materials are reflected at their estimated fair market values at date of receipt. Donated services are recorded at values consistent with those amounts which would be paid to salaried personnel for similar service and comply with FASB recognition criteria of enhancing a nonfinancial asset or require specialized skills.

Income Taxes

The Organization is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code and from state corporate income tax under applicable Florida Statutes. The Internal Revenue Code provides for taxation of unrelated business income under certain circumstances. The Organization has no unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities.

The Organization has no uncertain tax positions that it has taken and believes that it can defend its tax return in any jurisdiction. With few exceptions, the Organization is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2017.

Line of Credit

On November 8, 2018 a working capital line of credit was established with First Home Bank in the amount of \$50,000. As of the end of August 31, 2020 and 2019, the line of credit balance amounted to \$50,000.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS (ACT)**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

**NOTE B - GRANTS RECEIVABLE:**

Grants receivable consist primarily of receivables from private agencies for program services provided under grant agreements. The Organization considers its grants receivable to be fully collectible and therefore, has not recorded an allowance for doubtful accounts. Amounts becoming uncollectible will be charged to operations when that determination is made. There were no grants receivable at August 31, 2020 and 2019.

**NOTE C - PROPERTY AND EQUIPMENT:**

Property and equipment consisted of the following at August 31,:

	2020	2019
Equipment	\$ 15,198	\$ 15,198
Furniture	2,889	2,889
Vehicle	70,000	70,000
	88,087	88,087
Less: accumulated depreciation	(58,984)	(41,367)
Property and equipment, net	\$ 29,103	\$ 46,720

**NOTE D - OPERATING LEASES:**

Beginning in February 2018, the Organization leases its facilities under an operating lease that extends through January 2019. The first payment of rent will be due April 1, 2018. The lease may renew for an extended term of one year. The base rent will be increased by three and one half percent (3.5%). On March 27<sup>th</sup>, 2019 the Organization renewed the lease for another term and will expire January 31, 2020. Monthly lease payments under the current leases amount to \$900 per month. The organization did not renew the lease after January 31, 2020 therefore there are no future minimum lease payments.

**NOTE E - COVID RESPONSE:**

During March 2020, the COVID-19 virus was declared a global pandemic as it continued to spread rapidly. Business and Organization continuity, including supply chains and consumer demand across a broad range of industries and countries, have been impacted as governments and their citizens take significant and unprecedented measures to mitigate the consequences of the pandemic.

Management has made several significant adaptations to operations to keep the Organization functional while protecting their workforce and clients.

The Organization has encouraged those who are able to work from home to do so. The Organization is utilizing when possible video conferencing systems in order to ease the transition to a mixed physical and virtual work environment. The Organization has adapted its facilities to allow for physical distancing between employees on site and has also updated sanitation policies. The Organization has implemented policies to plan for and respond to COVID related staff illnesses.

As a result of new policies and procedures and federal support programs, the Organization has not experienced significant staffing disruptions that are attributable to the pandemic.

**IN TOUCH WITH COMMUNITIES AROUND THE WORLD, INC.**  
**d/b/a ARTS CONSERVATORY FOR TEENS (ACT)**  
**NOTES TO FINANCIAL STATEMENTS**  
**FOR THE YEARS ENDED AUGUST 31, 2020 AND 2019**

**NOTE F - LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS:**

The following reflects the Organization's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the statement of financial position date:

	<u>2020</u>	<u>2019</u>
Financial assets at year-end, net	\$ (9,641)	\$ (63,129)
Donor-restricted for program services	<u>-</u>	<u>-</u>
Financial assets available to meet cash needs for general expenditure within one year	<u>\$ (9,641)</u>	<u>\$ (63,129)</u>

As part of the Organization's liquidity management, it maintains its available cash in a checking and savings accounts with a financial institution.

**NOTE G - SUBSEQUENT EVENTS:**

Management has evaluated subsequent events through March 14, 2021, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements. There were no material subsequent events that required recognition or additional disclosure.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2021

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).

<b>PRODUCER</b> Comegys Insurance Agency  One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Joan Randolph <b>PHONE (A/C, No, Ext):</b> (727) 521-2100 <b>E-MAIL ADDRESS:</b> joan.randolph@comegys.com	<b>FAX (A/C, No):</b> (727) 528-0626
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  In Touch with Communities Around the World Inc PO Box 35424  St. Petesburg FL 33705	<b>INSURER A:</b> United States Liability Company	
	<b>INSURER B:</b> Security National Ins. Co.	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 33120

**COVERAGES**

CERTIFICATE NUMBER: 21/22 GL/D&amp;O/BA

REVISION NUMBER:


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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NPP1598112A	09/19/2021	09/19/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			M00002187100	08/23/2021	08/23/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	BODILY INJURY (Per person) \$						
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER
		Y					E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Re; 800 2nd Ave NE, St Petersburg, FL 33701. The Certificate Holder is an additional insured under the terms and conditions of the General Liability with respect to work performed by the named insured as required by written contract. The General Liability contains a Waivers of Subrogation in favor of the certificate holder providing the contract is executed prior to any loss.

**CERTIFICATE HOLDER****CANCELLATION**

City of St. Petersburg PO Box 2842  St. Petersburg FL 33731	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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/17/2021

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**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).**

<b>PRODUCER</b> Comegys Insurance Agency  One Beach Drive S. E. Ste. 230 Saint Petersburg FL 33701	<b>CONTACT NAME:</b> Joan Randolph <b>PHONE (A/C, No, Ext):</b> (727) 521-2100 <b>E-MAIL ADDRESS:</b> joan.randolph@comegys.com	<b>FAX (A/C, No):</b> (727) 528-0626
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  In Touch with Communities Around the World Inc PO Box 35424  St. Petesburg FL 33705	<b>INSURER A:</b> United States Liability Company	
	<b>INSURER B:</b> Security National Ins. Co.	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 33120

**COVERAGES**                      **CERTIFICATE NUMBER:** 21/22 GL/D&O/BA                      **REVISION NUMBER:**

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.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1598112A	09/19/2021	09/19/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Directors & Officers \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			M00002187100	08/23/2021	08/23/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Re; 800 2nd Ave NE, St Petersburg, FL 33701. The Certificate Holder is an additional insured under the terms and conditions of the General Liability with respect to work performed by the named insured as required by written contract. The General Liability contains a Waivers of Subrogation in favor of the certificate holder providing the contract is executed prior to any loss.

### CERTIFICATE HOLDER

### CANCELLATION

Colliers International REMS US, LLC 600 2nd Ave. NE  St. Petersburg FL 33701	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 
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