#### **GRANT AGREEMENT**

#### **BY AND BETWEEN**

#### **PINELLAS COMMUNITY FOUNDATION**

#### AND

#### COMMUNITY ACTION STOPS ABUSE, INC.

THIS GRANT AGREEMENT (hereinafter "Agreement"), effective upon the last date executed below, by and between PINELLAS COMMUNITY FOUNDATION, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time, whose address is 17755 US Highway 19 North, Suite 150, Clearwater Florida 33764, (hereinafter, "AGENCY") and COMMUNITY ACTION STOPS ABUSE, INC., whose address is P.O. Box 414 St. Petersburg, FL 33731-0414 (hereinafter "GRANTEE").

#### WITNESSETH:

WHEREAS, in response to the emergence of a novel coronavirus and the respiratory disease it causes (hereinafter, "COVID-19"), the World Health Organization (hereinafter, "WHO") has officially characterized COVID-19 as a pandemic that constitutes a Public Health Emergency of International Concern; and

WHEREAS, on March 1, 2020, Governor Ron DeSantis issued Executive Order Number 20-51, declaring that appropriate measures to control the spread of COVID-19 in the State of Florida are necessary, and accordingly the State Surgeon General and State Health Officer declared that a Public Health Emergency exists in the State of Florida; and

WHEREAS, on March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52 declaring a State of Emergency for the state of Florida in furtherance of efforts to respond to and mitigate the effects of COVID-19 throughout the state; and

WHEREAS, the Pinellas County Board of County Commissioners (hereinafter, "Board") passed Resolution 20-60 to define, expand, and add critical programs and services to mitigate the devastating impacts of COVID-19 on Pinellas County residents; and

WHEREAS, nonprofit community partners have seen an increased demand for many services and assistance in response to impacts from COVID-19, particularly in the areas of food programs, homelessness, behavioral health, and legal assistance for evictions; and

WHEREAS, as a direct result of the COVID-19 Public Health Emergency, many individuals and families find themselves in precarious financial situations within Pinellas County, without expanded access to critical services leading to food insecurity, housing insecurity, and behavioral health challenges; and

WHEREAS, the threat to these vulnerable individuals and families constitutes a significant threat to public safety and welfare requiring rapid expansion of vital services to meet local needs; and

WHEREAS, AGENCY is a subrecipient of pass-thru funds awarded by the U.S. Treasury Department (hereinafter, "Treasury") to Pinellas County (hereinafter, "County") made available under section 601(a) of the Social Security Act as added by section 5001 of the CARES Act (hereinafter, "Coronavirus Relief Fund"); and

WHEREAS, the County in partnership with AGENCY wishes to quickly expand services in priority areas that mitigate COVID-19 related impacts within the community such as food insecurity, housing insecurity, and access to behavioral health service though the Pinellas CARES Critical Service Expansion Program; and WHEREAS, AGENCY has determined that GRANTEE has the experience and capacity to quickly administer and deliver awarded funds to assist in the goal of expanding services in one or more of the priority areas that mitigate COVID-19 related impacts within the community;

NOW THEREFORE, the parties hereto, mutually agree as follows:

#### 1. Specific Grant Information:

This project shall be undertaken and accomplished in accordance with the terms and conditions specified herein and the Appendices named below, which are attached hereto and by reference incorporated herein:

- a) Grantee's Name: Community Action Stops Abuse, Inc.
- b) Grantee's Contact and Notice Information:

Primary Contact Name: Lariana Forsythe, Chief Executive Officer Address: P.O. Box 414 St. Petersburg, FL 33731-0414 Phone Number: 727-895-4912

Grantee's Data Universal Numbering System (DUNS) number: 122625858

- c) Federal Award Identification Number: **Direct payment from the Department of the Treasury ('Treasury') pursuant to section 601(b) of the Social Security Act, as amended by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, div. A, Title V (Mar. 27, 2020).**
- d) Federal Award Date: March 27, 2020
- e) Period of Grant Performance, Start and End Date: October 1, 2020 December 30, 2020
- g) Amount of Funds Awarded: **\$51, 781.00** (hereinafter, "Awarded Funds").

h) Name of Federal Awarding Agency, Pass-Through Entity, and Contact Information

for Awarding Official of the Pass-Through Entity:

Federal Awarding Agency:

#### **United States Department of Treasury**

Pass-Through Entity:

#### **Pinellas Community Foundation**

Contact Information for Awarding Official of the Pass-Through Entity:

### Duggan Cooley, CEO, Pinellas Community Foundation 17755 US Highway 19 N, Suite 150 Clearwater, FL 33764

i) CFDA Number and Name

CFDA Number (at time of disbursement): 21.019

CFDA Name: Coronavirus Relief Fund (CRF)

- j) Indirect Cost Rate for GRANTEE portion of the Federal Award: 0% of fundingfor expanded local services
- 2. <u>Scope of Services</u>:

The **GRANTEE** shall administer the Pinellas CARES Critical Service expansion Program funds awarded from the **AGENCY** consistent with the purpose identified in the **GRANTEE's** application for award of funds (attached as Appendix 4) and which are consistent with the purpose of mitigating COVID-19 related impacts within the community, including food insecurity, housing insecurity and or behavioral health access for COVID-19 affected residents.

- a) GRANTEE shall administer funding in an amount up to forty thousand, two hundred forty-one dollars and 00/100 cents for expanded local services with up to 0% or \$0.00 allowed for indirect costs.
- b) GRANTEE shall also be allowed up to eleven thousand five hundred and forty dollars and 00/100 cents (\$11,540.00) for allowable cost reimbursement of expenses after 03/01/2020 which are consistent with the purposes of this Agreement, should appropriate documentation be provided by GRANTEE.
- c) **GRANTEE** agrees to monitor and deliver these funds pursuant to the following requirements:
  - i. Compliance with all rules and guidelines of the CARES Act including certifications and/or attestations of compliance where appropriate.
  - ii. Compliance with Appendix 1 CARES Act Guidance and Requirements.
  - iii. Compliance with Appendix 2 Attestation.
  - iv. Basic weekly reporting of service numbers by type of service and expanded monthly reporting of services, trends, expenditures, and other programmatic information.
  - v. Maintenance of service level information as appropriate for reporting upon request by the **AGENCY**, including services provided, outcomes and accounting of expenditures.
  - vi. **GRANTEE** understands and agrees that it may be required to adapt and/or respond during hurricane-related emergencies to help meet expanded needs and challenges of COVID-19.
  - vii. GRANTEE understands that priority service areas may be adjusted by

#### written notice of the AGENCY.

#### 3. Term of Agreement.

The services of the **GRANTEE** shall commence upon execution and the agreement shall expire on December 30, 2020. The expiration date of this Agreement may be extended, by mutual agreement of the parties in writing. This option shall be exercised only if all terms and conditions remain the same.

#### 4. Compensation.

a) The AGENCY agrees to provide GRANTEE an amount not to exceed forty thousand, two hundred forty-one dollars and 00/100 cents (\$40,241.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. Up to Zero Dollars and 00/100 cents dollars (\$0.00) equivalent to 0% of the funding may be allowed for approved indirect costs in association with this program. The remainder of the funding will be for competitively awarded expansion of services as defined.

b) **GRANTEE** shall also be allowed up to eleven thousand five hundred and forty dollars and 00/100 cents (\$11,540.00) for allowable cost reimbursement of expenses after 03/01/2020 which are consistent with the purposes of this Agreement, should appropriate documentation be provided by **GRANTEE**.

c) **GRANTEE** shall maintain a Budget Plan (Appendix 4) for anticipated indirect and direct costs, as approved by **AGENCY**. Any changes that increase costs must be in writing and in an amendment to this Agreement.

d) The AGENCY shall determine which expenses in the Budget Plan (Appendix 4) may be paid as an advance to the GRANTEE, if any, and which expenses will be paid on a cost-reimbursement basis, with the GRANTEE to submit invoices with supporting documentation to

justify the reimbursement of expenses. If any amount is paid as an advance payment to **GRANTEE**, the **GRANTEE** must provide sufficient documentation of usage of the funds for allowed purposes under this agreement in order to receive any future payments.

e) Any funds expended in violation of this Agreement or in violation of appropriate Federal, State, and AGENCY requirements shall be refunded in full to the AGENCY. If this Agreement is still in force, future payments shall be withheld by the AGENCY.

#### 5. <u>Performance Measures.</u>

The **GRANTEE** agrees to submit weekly reports on awards to **AGENCY** including name of **GRANTEE**, purpose of award, amount of award, and service numbers, as well as monthly expanded reports that demonstrate services delivered and service trends, and outcomes to **AGENCY**. The **AGENCY** reserves the right to request additional data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. This report shall be submitted to the **AGENCY** weekly or monthly, as defined and never later than five (5) business days if specifically requested by **AGENCY**. The report formats shall be prescribed and provided by the **AGENCY**.

#### 6. Data Sharing.

The **GRANTEE** agrees to share data with the **AGENCY** as necessary for service validation, trend review, and performance monitoring.

#### 7. Insurance.

**GRANTEE** will be required to maintain appropriate insurance to cover the Services funded for this Agreement. Before providing any funds under this Agreement, **AGENCY** will require that **GRANTEE** provide it with proof of insurance covering the Services funded and with policy limits and deductible deemed appropriate by **AGENCY**. Whether **GRANTEE** has acceptable insurance coverage with appropriate limits and deductible is within the sole discretion of the **AGENCY**. Said insurance must remain in full force and effect during the term of this Agreement and may be not changed without written approval of **AGENCY**. Failure to maintain the insurance approved by **AGENCY** or any changes to the approved insurance without approval of **AGENCY** will result in termination of this Agreement.

#### 8. Monitoring.

**GRANTEE** will work with **AGENCY** to meet the requirements of 2 C.F.R. § 200.328 (Monitoring and reporting program performance). This may include, but is not limited to, the following:

a) The monitoring requirements set forth in Appendix 3 – Minimum Monitoring Requirements.

b) **GRANTEE** will work with the **AGENCY** to establish policies and procedures as required.

c) **GRANTEE** will cooperate in site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.

d) **GRANTEE** will submit other reports and information in such formats and at such times as may be prescribed by the **AGENCY**.

e) All monitoring reports will be as detailed as may be reasonably requested by the **GRANTEE** and will be deemed incomplete if not satisfactory to the **AGENCY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **AGENCY**.

#### 9. Special Situations.

**GRANTEE** agrees to inform **AGENCY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the **AGENCY'S** or **GRANTEE'S** ability to protect and serve its participants, or other significant effect on the **AGENCY** or **GRANTEE**. Incidents shall be reported to the designated **AGENCY** contact below by phone or email only. Incident report information shall not include any identifying information of the participant.

#### 10. Amendment/Modification.

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

#### 11. Closeout

a) Upon termination in whole or in part, the parties hereto remain responsible for compliance with the requirements in 2 C.F.R. Part 200.343 (Closeout) and 2 C.F.R. Part 200.344 (Post-closeout adjustments and continuing responsibilities).

b) This Agreement will not terminate, unless terminated as provided in Section 11, until Closeout is completed consistent with requirements detailed in the Appendices attached hereto, and to the satisfaction of the **AGENCY**. Such requirements shall include but are not limited to submitting final reports and providing program deliverables and closeout information as requested by AGENCY, and/or the US Treasury Department or its authorized representatives, and reconciliation of program funding.

c) All invoices and requests for reimbursement shall be submitted within 30 days following the end of the project and budget period.

d) All un-spent funds must be reimbursed to the AGENCY by the GRANTEE by January 31, 2021.

e) This provision shall survive the expiration or termination of this Agreement.

#### 12. Termination.

a) If the **GRANTEE** fails to fulfill or abide by any of the provisions of this Agreement, **GRANTEE** shall be considered in material breach of the Agreement. Where a material breach can be corrected, **GRANTEE** shall be given thirty (30) days to cure said breach. If **GRANTEE** fails to cure, or if the breach is of the nature that the harm caused cannot be undone, **AGENCY** may immediately terminate this Agreement, with cause, upon notice in writing to the **GRANTEE**.

b) In the event the **GRANTEE** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, the **GRANTEE** must repay such amount to the **AGENCY** and may in the **AGENCY'S** sole discretion, be deemed to have waived the right to additional funds under this Agreement.

c) In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the AGENCY shall notify the GRANTEE of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the AGENCY.

d) The AGENCY or the United States Department of Treasury may terminate this

agreement in accordance with 2 C.F.R. § 200.339 (Termination).

#### 13. Assignment/Subcontracting.

a) This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.

b) The **GRANTEE** is fully responsible for completion of the Services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. The **GRANTEE** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **AGENCY**, without the prior written consent of the **AGENCY**, which shall be determined by the **AGENCY** in its sole discretion.

#### 14. Indemnification.

The **GRANTEE** agrees to indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **AGENCY**, its officers, employees and agents from all damages, suits, actions or claims, including reasonable attorney's fees incurred by the **AGENCY**, of any character brought on account of any injuries or damages received or sustained by any person, persons, or property, or in any way relating to or arising from the Agreement; or on account of any act or omission, neglect or misconduct of **GRANTEE**; or by, or on account of, any claim or amounts recovered under the Workers' Compensation Law or of any other laws, regulations, ordinance, order or decree; or arising from or by reason of any actual or claimed trademark, patent or copyright infringement or litigation based thereon; except only such injury or damage as shall have been occasioned by the sole negligence of the **AGENCY**.

#### 15. Business Practices.

- a) The **GRANTEE** must utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of the funds provided by the **AGENCY**.
- b) The **GRANTEE** must retain all records (programmatic, property, personnel, and financial) relating to this Agreement for five (5) years after final payment is made.
- c) All **GRANTEE** records relating to this Agreement are subject to audit by the federal government or its representatives, or the **AGENCY** and its representatives.

#### 16. Nondiscrimination.

a) The **GRANTEE** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.

b) The **GRANTEE** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

c) The **GRANTEE** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

#### 17. Independent Contractor.

It is expressly understood and agreed by the parties that **GRANTEE** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the AGENCY. No agent, employee, or servant of the GRANTEE shall be, or shall be deemed to be, the agent or servant of the AGENCY. None of the benefits provided by the AGENCY to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from AGENCY to the employees, agents, or servants of the GRANTEE

#### 18. Additional Funding.

Funds from this Agreement may not be used as the matching portion for any federal grant except in the manner provided by Federal and State law and applicable Federal and State rules and regulations. The **GRANTEE** agrees to make all reasonable efforts to obtain funding from additional sources wherever said **GRANTEE** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **AGENCY**.

#### 19. Governing Law.

The laws of the State of Florida shall govern this Agreement.

#### 20. Conformity to the Law.

The **GRANTEE** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder, including but not limited to section 601(a) of the Social Security Act as added by section 5001 of the CARES Act and regulations applicable thereto.

#### 21. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

#### 22. Agreement Management.

Pinellas Community Foundation designates the following person(s) as the liaison for the

#### **AGENCY:**

Duggan Cooley, CEO Pinellas Community Foundation 17755 US Highway 19 North, Suite 150 Clearwater FL 33764 727-531-0058

**GRANTEE** designates the following person(s) as the liaison for the **GRANTEE**:

Lariana Forsythe, Chief Executive Officer CASA P.O. Box 414 St. Petersburg, FL 33731-0414 727-895-4912

#### SIGNATURE PAGE FOLLOWS

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

Pinellas Community Foundation

DocuSigned by: By: dagen Ca 528C89A7304941D. Duggan Cooley

CEO

Date: \_\_\_\_\_

GRANTEE: Community Action Stops Abuse, Inc.

By: Patty Kobinson BA17DODICC224A1... Patty Robinson, Board of Directors-Chair pr00213@gmail.com

10/19/2020 Date:

GRANTEE: Community Action Stops Abuse, Inc.

-DocuSigned by: Lariana Forsythe By:

Lariana Forsythe, CEO lforsythe@casa-stpete.org

Date: \_\_\_\_\_

#### **Schedule of Appendices**

- Appendix 1 CARES Act Guidance and Requirements
- Appendix 2 Attestation
- Appendix 3 Minimum Monitoring Requirements
- Appendix 4 Application for Funding (including budget plan)

### Appendix 1 - CARES Act Guidance and Requirements

- Coronavirus Relief Fund, Guidance for State, Territorial, Local, and Tribal Governments

- Coronavirus Relief Fund Frequently Asked Questions

- Coronavirus Relief Fund Reporting and Record Retention Requirements

Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments Updated June 30, 2020

#### Coronavirus Relief Fund Guidance for State, Territorial, Local, and Tribal Governments Updated June 30, 2020<sup>1</sup>

The purpose of this document is to provide guidance to recipients of the funding available under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). The CARES Act established the Coronavirus Relief Fund (the "Fund") and appropriated \$150 billion to the Fund. Under the CARES Act, the Fund is to be used to make payments for specified uses to States and certain local governments; the District of Columbia and U.S. Territories (consisting of the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands); and Tribal governments.

The CARES Act provides that payments from the Fund may only be used to cover costs that-

- 1. are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID–19);
- 2. were not accounted for in the budget most recently approved as of March 27, 2020 (the date of enactment of the CARES Act) for the State or government; and
- 3. were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.<sup>2</sup>

The guidance that follows sets forth the Department of the Treasury's interpretation of these limitations on the permissible use of Fund payments.

#### Necessary expenditures incurred due to the public health emergency

The requirement that expenditures be incurred "due to" the public health emergency means that expenditures must be used for actions taken to respond to the public health emergency. These may include expenditures incurred to allow the State, territorial, local, or Tribal government to respond directly to the emergency, such as by addressing medical or public health needs, as well as expenditures incurred to respond to second-order effects of the emergency, such as by providing economic support to those suffering from employment or business interruptions due to COVID-19-related business closures.

Funds may not be used to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify under the statute. Although a broad range of uses is allowed, revenue replacement is not a permissible use of Fund payments.

The statute also specifies that expenditures using Fund payments must be "necessary." The Department of the Treasury understands this term broadly to mean that the expenditure is reasonably necessary for its intended use in the reasonable judgment of the government officials responsible for spending Fund payments.

#### Costs not accounted for in the budget most recently approved as of March 27, 2020

The CARES Act also requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. A cost meets this requirement if either (a) the

<sup>&</sup>lt;sup>1</sup> This version updates the guidance provided under "Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020".

<sup>&</sup>lt;sup>2</sup> See Section 601(d) of the Social Security Act, as added by section 5001 of the CARES Act.

cost cannot lawfully be funded using a line item, allotment, or allocation within that budget *or* (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation.

The "most recently approved" budget refers to the enacted budget for the relevant fiscal period for the particular government, without taking into account subsequent supplemental appropriations enacted or other budgetary adjustments made by that government in response to the COVID-19 public health emergency. A cost is not considered to have been accounted for in a budget merely because it could be met using a budgetary stabilization fund, rainy day fund, or similar reserve account.

#### Costs incurred during the period that begins on March 1, 2020, and ends on December 30, 2020

Finally, the CARES Act provides that payments from the Fund may only be used to cover costs that were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020 (the "covered period"). Putting this requirement together with the other provisions discussed above, section 601(d) may be summarized as providing that a State, local, or tribal government may use payments from the Fund only to cover previously unbudgeted costs of necessary expenditures incurred due to the COVID–19 public health emergency during the covered period.

Initial guidance released on April 22, 2020, provided that the cost of an expenditure is incurred when the recipient has expended funds to cover the cost. Upon further consideration and informed by an understanding of State, local, and tribal government practices, Treasury is clarifying that for a cost to be considered to have been incurred, performance or delivery must occur during the covered period but payment of funds need not be made during that time (though it is generally expected that this will take place within 90 days of a cost being incurred). For instance, in the case of a lease of equipment or other property, irrespective of when payment occurs, the cost of a lease payment shall be considered to have been incurred for the period of the lease that is within the covered period, but not otherwise. Furthermore, in all cases it must be necessary that performance or delivery take place during the covered period. Thus the cost of a good or service received during the covered period will not be considered eligible under section 601(d) if there is no need for receipt until after the covered period has expired.

Goods delivered in the covered period need not be used during the covered period in all cases. For example, the cost of a good that must be delivered in December in order to be available for use in January could be covered using payments from the Fund. Additionally, the cost of goods purchased in bulk and delivered during the covered period may be covered using payments from the Fund if a portion of the goods is ordered for use in the covered period, the bulk purchase is consistent with the recipient's usual procurement policies and practices, and it is impractical to track and record when the items were used. A recipient may use payments from the Fund to purchase a durable good that is to be used during the current period and in subsequent periods if the acquisition in the covered period was necessary due to the public health emergency.

Given that it is not always possible to estimate with precision when a good or service will be needed, the touchstone in assessing the determination of need for a good or service during the covered period will be reasonableness at the time delivery or performance was sought, *e.g.*, the time of entry into a procurement contract specifying a time for delivery. Similarly, in recognition of the likelihood of supply chain disruptions and increased demand for certain goods and services during the COVID-19 public health emergency, if a recipient enters into a contract requiring the delivery or services by December 30, 2020, the failure of a vendor to complete delivery or services by December 30, 2020, will not affect the ability of the recipient to use payments from the Fund to cover the cost of such goods or services if the delay is due to circumstances beyond the recipient's control.

This guidance applies in a like manner to costs of subrecipients. Thus, a grant or loan, for example, provided by a recipient using payments from the Fund must be used by the subrecipient only to purchase (or reimburse a purchase of) goods or services for which receipt both is needed within the covered period and occurs within the covered period. The direct recipient of payments from the Fund is ultimately responsible for compliance with this limitation on use of payments from the Fund.

#### Nonexclusive examples of eligible expenditures

Eligible expenditures include, but are not limited to, payment for:

- 1. Medical expenses such as:
  - COVID-19-related expenses of public hospitals, clinics, and similar facilities.
  - Expenses of establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity, including related construction costs.
  - Costs of providing COVID-19 testing, including serological testing.
  - Emergency medical response expenses, including emergency medical transportation, related to COVID-19.
  - Expenses for establishing and operating public telemedicine capabilities for COVID-19-related treatment.
- 2. Public health expenses such as:
  - Expenses for communication and enforcement by State, territorial, local, and Tribal governments of public health orders related to COVID-19.
  - Expenses for acquisition and distribution of medical and protective supplies, including sanitizing products and personal protective equipment, for medical personnel, police officers, social workers, child protection services, and child welfare officers, direct service providers for older adults and individuals with disabilities in community settings, and other public health or safety workers in connection with the COVID-19 public health emergency.
  - Expenses for disinfection of public areas and other facilities, *e.g.*, nursing homes, in response to the COVID-19 public health emergency.
  - Expenses for technical assistance to local authorities or other entities on mitigation of COVID-19-related threats to public health and safety.
  - Expenses for public safety measures undertaken in response to COVID-19.
  - Expenses for quarantining individuals.
- 3. Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- 4. Expenses of actions to facilitate compliance with COVID-19-related public health measures, such as:
  - Expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.
  - Expenses to facilitate distance learning, including technological improvements, in connection with school closings to enable compliance with COVID-19 precautions.
  - Expenses to improve telework capabilities for public employees to enable compliance with COVID-19 public health precautions.

- Expenses of providing paid sick and paid family and medical leave to public employees to enable compliance with COVID-19 public health precautions.
- COVID-19-related expenses of maintaining state prisons and county jails, including as relates to sanitation and improvement of social distancing measures, to enable compliance with COVID-19 public health precautions.
- Expenses for care for homeless populations provided to mitigate COVID-19 effects and enable compliance with COVID-19 public health precautions.
- 5. Expenses associated with the provision of economic support in connection with the COVID-19 public health emergency, such as:
  - Expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures.
  - Expenditures related to a State, territorial, local, or Tribal government payroll support program.
  - Unemployment insurance costs related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.
- 6. Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the Fund's eligibility criteria.

#### Nonexclusive examples of ineligible expenditures<sup>3</sup>

The following is a list of examples of costs that would *not* be eligible expenditures of payments from the Fund.

- 1. Expenses for the State share of Medicaid.<sup>4</sup>
- 2. Damages covered by insurance.
- 3. Payroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency.
- 4. Expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds.
- 5. Reimbursement to donors for donated items or services.
- 6. Workforce bonuses other than hazard pay or overtime.
- 7. Severance pay.
- 8. Legal settlements.

<sup>&</sup>lt;sup>3</sup> In addition, pursuant to section 5001(b) of the CARES Act, payments from the Fund may not be expended for an elective abortion or on research in which a human embryo is destroyed, discarded, or knowingly subjected to risk of injury or death. The prohibition on payment for abortions does not apply to an abortion if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed. Furthermore, no government which receives payments from the Fund may discriminate against a health care entity on the basis that the entity does not provide, pay for, provide coverage of, or refer for abortions.

<sup>&</sup>lt;sup>4</sup> See 42 C.F.R. § 433.51 and 45 C.F.R. § 75.306.

Coronavirus Relief Fund Frequently Asked Questions Updated as of July 8, 2020

#### Coronavirus Relief Fund Frequently Asked Questions Updated as of July 8, 2020

The following answers to frequently asked questions supplement Treasury's Coronavirus Relief Fund ("Fund") Guidance for State, Territorial, Local, and Tribal Governments, dated April 22, 2020, ("Guidance").<sup>1</sup> Amounts paid from the Fund are subject to the restrictions outlined in the Guidance and set forth in section 601(d) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act").

#### **Eligible Expenditures**

#### Are governments required to submit proposed expenditures to Treasury for approval?

No. Governments are responsible for making determinations as to what expenditures are necessary due to the public health emergency with respect to COVID-19 and do not need to submit any proposed expenditures to Treasury.

# The Guidance says that funding can be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. How does a government determine whether payroll expenses for a given employee satisfy the "substantially dedicated" condition?

The Fund is designed to provide ready funding to address unforeseen financial needs and risks created by the COVID-19 public health emergency. For this reason, and as a matter of administrative convenience in light of the emergency nature of this program, a State, territorial, local, or Tribal government may presume that payroll costs for public health and public safety employees are payments for services substantially dedicated to mitigating or responding to the COVID-19 public health emergency, unless the chief executive (or equivalent) of the relevant government determines that specific circumstances indicate otherwise.

# The Guidance says that a cost was not accounted for in the most recently approved budget if the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. What would qualify as a "substantially different use" for purposes of the Fund eligibility?

Costs incurred for a "substantially different use" include, but are not necessarily limited to, costs of personnel and services that were budgeted for in the most recently approved budget but which, due entirely to the COVID-19 public health emergency, have been diverted to substantially different functions. This would include, for example, the costs of redeploying corrections facility staff to enable compliance with COVID-19 public health precautions through work such as enhanced sanitation or enforcing social distancing measures; the costs of redeploying police to support management and enforcement of stay-at-home orders; or the costs of diverting educational support staff or faculty to develop online learning capabilities, such as through providing information technology support that is not part of the staff or faculty's ordinary responsibilities.

Note that a public function does not become a "substantially different use" merely because it is provided from a different location or through a different manner. For example, although developing online instruction capabilities may be a substantially different use of funds, online instruction itself is not a substantially different use of public funds than classroom instruction.

<sup>&</sup>lt;sup>1</sup> The Guidance is available at <u>https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf</u>.

#### May a State receiving a payment transfer funds to a local government?

Yes, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act. Such funds would be subject to recoupment by the Treasury Department if they have not been used in a manner consistent with section 601(d) of the Social Security Act.

### May a unit of local government receiving a Fund payment transfer funds to another unit of government?

Yes. For example, a county may transfer funds to a city, town, or school district within the county and a county or city may transfer funds to its State, provided that the transfer qualifies as a necessary expenditure incurred due to the public health emergency and meets the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, a transfer from a county to a constituent city would not be permissible if the funds were intended to be used simply to fill shortfalls in government revenue to cover expenditures that would not otherwise qualify as an eligible expenditure.

### Is a Fund payment recipient required to transfer funds to a smaller, constituent unit of government within its borders?

No. For example, a county recipient is not required to transfer funds to smaller cities within the county's borders.

### Are recipients required to use other federal funds or seek reimbursement under other federal programs before using Fund payments to satisfy eligible expenses?

No. Recipients may use Fund payments for any expenses eligible under section 601(d) of the Social Security Act outlined in the Guidance. Fund payments are not required to be used as the source of funding of last resort. However, as noted below, recipients may not use payments from the Fund to cover expenditures for which they will receive reimbursement.

### Are there prohibitions on combining a transaction supported with Fund payments with other CARES Act funding or COVID-19 relief Federal funding?

Recipients will need to consider the applicable restrictions and limitations of such other sources of funding. In addition, expenses that have been or will be reimbursed under any federal program, such as the reimbursement by the federal government pursuant to the CARES Act of contributions by States to State unemployment funds, are not eligible uses of Fund payments.

#### Are States permitted to use Fund payments to support state unemployment insurance funds generally?

To the extent that the costs incurred by a state unemployment insurance fund are incurred due to the COVID-19 public health emergency, a State may use Fund payments to make payments to its respective state unemployment insurance fund, separate and apart from such State's obligation to the unemployment insurance fund as an employer. This will permit States to use Fund payments to prevent expenses related to the public health emergency from causing their state unemployment insurance funds to become insolvent.

### Are recipients permitted to use Fund payments to pay for unemployment insurance costs incurred by the recipient as an employer?

Yes, Fund payments may be used for unemployment insurance costs incurred by the recipient as an employer (for example, as a reimbursing employer) related to the COVID-19 public health emergency if such costs will not be reimbursed by the federal government pursuant to the CARES Act or otherwise.

# The Guidance states that the Fund may support a "broad range of uses" including payroll expenses for several classes of employees whose services are "substantially dedicated to mitigating or responding to the COVID-19 public health emergency." What are some examples of types of covered employees?

The Guidance provides examples of broad classes of employees whose payroll expenses would be eligible expenses under the Fund. These classes of employees include public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Payroll and benefit costs associated with public employees who could have been furloughed or otherwise laid off but who were instead repurposed to perform previously unbudgeted functions substantially dedicated to mitigating or responding to the COVID-19 public health emergency are also covered. Other eligible expenditures include payroll and benefit costs of educational support staff or faculty responsible for developing online learning capabilities necessary to continue educational instruction in response to COVID-19-related school closures. Please see the Guidance for a discussion of what is meant by an expense that was not accounted for in the budget most recently approved as of March 27, 2020.

# In some cases, first responders and critical health care workers that contract COVID-19 are eligible for workers' compensation coverage. Is the cost of this expanded workers compensation coverage eligible?

Increased workers compensation cost to the government due to the COVID-19 public health emergency incurred during the period beginning March 1, 2020, and ending December 30, 2020, is an eligible expense.

#### If a recipient would have decommissioned equipment or not renewed a lease on particular office space or equipment but decides to continue to use the equipment or to renew the lease in order to respond to the public health emergency, are the costs associated with continuing to operate the equipment or the ongoing lease payments eligible expenses?

Yes. To the extent the expenses were previously unbudgeted and are otherwise consistent with section 601(d) of the Social Security Act outlined in the Guidance, such expenses would be eligible.

# May recipients provide stipends to employees for eligible expenses (for example, a stipend to employees to improve telework capabilities) rather than require employees to incur the eligible cost and submit for reimbursement?

Expenditures paid for with payments from the Fund must be limited to those that are necessary due to the public health emergency. As such, unless the government were to determine that providing assistance in the form of a stipend is an administrative necessity, the government should provide such assistance on a reimbursement basis to ensure as much as possible that funds are used to cover only eligible expenses.

#### May Fund payments be used for COVID-19 public health emergency recovery planning?

Yes. Expenses associated with conducting a recovery planning project or operating a recovery coordination office would be eligible, if the expenses otherwise meet the criteria set forth in section 601(d) of the Social Security Act outlined in the Guidance.

#### Are expenses associated with contact tracing eligible?

Yes, expenses associated with contract tracing are eligible.

#### To what extent may a government use Fund payments to support the operations of private hospitals?

Governments may use Fund payments to support public or private hospitals to the extent that the costs are necessary expenditures incurred due to the COVID-19 public health emergency, but the form such assistance would take may differ. In particular, financial assistance to private hospitals could take the form of a grant or a short-term loan.

### May payments from the Fund be used to assist individuals with enrolling in a government benefit program for those who have been laid off due to COVID-19 and thereby lost health insurance?

Yes. To the extent that the relevant government official determines that these expenses are necessary and they meet the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance, these expenses are eligible.

### May recipients use Fund payments to facilitate livestock depopulation incurred by producers due to supply chain disruptions?

Yes, to the extent these efforts are deemed necessary for public health reasons or as a form of economic support as a result of the COVID-19 health emergency.

### Would providing a consumer grant program to prevent eviction and assist in preventing homelessness be considered an eligible expense?

Yes, assuming that the recipient considers the grants to be a necessary expense incurred due to the COVID-19 public health emergency and the grants meet the other requirements for the use of Fund payments under section 601(d) of the Social Security Act outlined in the Guidance. As a general matter, providing assistance to recipients to enable them to meet property tax requirements would not be an eligible use of funds, but exceptions may be made in the case of assistance designed to prevent foreclosures.

#### May recipients create a "payroll support program" for public employees?

Use of payments from the Fund to cover payroll or benefits expenses of public employees are limited to those employees whose work duties are substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

### May recipients use Fund payments to cover employment and training programs for employees that have been furloughed due to the public health emergency?

Yes, this would be an eligible expense if the government determined that the costs of such employment and training programs would be necessary due to the public health emergency.

### May recipients use Fund payments to provide emergency financial assistance to individuals and families directly impacted by a loss of income due to the COVID-19 public health emergency?

Yes, if a government determines such assistance to be a necessary expenditure. Such assistance could include, for example, a program to assist individuals with payment of overdue rent or mortgage payments to avoid eviction or foreclosure or unforeseen financial costs for funerals and other emergency individual needs. Such assistance should be structured in a manner to ensure as much as possible, within the realm of what is administratively feasible, that such assistance is necessary.

# The Guidance provides that eligible expenditures may include expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. What is meant by a "small business," and is the Guidance intended to refer only to expenditures to cover administrative expenses of such a grant program?

Governments have discretion to determine what payments are necessary. A program that is aimed at assisting small businesses with the costs of business interruption caused by required closures should be tailored to assist those businesses in need of such assistance. The amount of a grant to a small business to reimburse the costs of business interruption caused by required closures would also be an eligible expenditure under section 601(d) of the Social Security Act, as outlined in the Guidance.

#### The Guidance provides that expenses associated with the provision of economic support in connection with the public health emergency, such as expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures, would constitute eligible expenditures of Fund payments. Would such expenditures be eligible in the absence of a stay-at-home order?

Fund payments may be used for economic support in the absence of a stay-at-home order if such expenditures are determined by the government to be necessary. This may include, for example, a grant program to benefit small businesses that close voluntarily to promote social distancing measures or that are affected by decreased customer demand as a result of the COVID-19 public health emergency.

### May Fund payments be used to assist impacted property owners with the payment of their property taxes?

Fund payments may not be used for government revenue replacement, including the provision of assistance to meet tax obligations.

### May Fund payments be used to replace foregone utility fees? If not, can Fund payments be used as a direct subsidy payment to all utility account holders?

Fund payments may not be used for government revenue replacement, including the replacement of unpaid utility fees. Fund payments may be used for subsidy payments to electricity account holders to the extent that the subsidy payments are deemed by the recipient to be necessary expenditures incurred due to the COVID-19 public health emergency and meet the other criteria of section 601(d) of the Social Security Act outlined in the Guidance. For example, if determined to be a necessary expenditure, a government could provide grants to individuals facing economic hardship to allow them to pay their utility fees and thereby continue to receive essential services.

### Could Fund payments be used for capital improvement projects that broadly provide potential economic development in a community?

In general, no. If capital improvement projects are not necessary expenditures incurred due to the COVID-19 public health emergency, then Fund payments may not be used for such projects.

However, Fund payments may be used for the expenses of, for example, establishing temporary public medical facilities and other measures to increase COVID-19 treatment capacity or improve mitigation measures, including related construction costs.

## The Guidance includes workforce bonuses as an example of ineligible expenses but provides that hazard pay would be eligible if otherwise determined to be a necessary expense. Is there a specific definition of "hazard pay"?

Hazard pay means additional pay for performing hazardous duty or work involving physical hardship, in each case that is related to COVID-19.

## The Guidance provides that ineligible expenditures include "[p]ayroll or benefits expenses for employees whose work duties are not substantially dedicated to mitigating or responding to the COVID-19 public health emergency." Is this intended to relate only to public employees?

Yes. This particular nonexclusive example of an ineligible expenditure relates to public employees. A recipient would not be permitted to pay for payroll or benefit expenses of private employees and any financial assistance (such as grants or short-term loans) to private employers are not subject to the restriction that the private employers' employees must be substantially dedicated to mitigating or responding to the COVID-19 public health emergency.

### May counties pre-pay with CARES Act funds for expenses such as a one or two-year facility lease, such as to house staff hired in response to COVID-19?

A government should not make prepayments on contracts using payments from the Fund to the extent that doing so would not be consistent with its ordinary course policies and procedures.

### Must a stay-at-home order or other public health mandate be in effect in order for a government to provide assistance to small businesses using payments from the Fund?

No. The Guidance provides, as an example of an eligible use of payments from the Fund, expenditures related to the provision of grants to small businesses to reimburse the costs of business interruption caused by required closures. Such assistance may be provided using amounts received from the Fund in the absence of a requirement to close businesses if the relevant government determines that such expenditures are necessary in response to the public health emergency.

### Should States receiving a payment transfer funds to local governments that did not receive payments directly from Treasury?

Yes, provided that the transferred funds are used by the local government for eligible expenditures under the statute. To facilitate prompt distribution of Title V funds, the CARES Act authorized Treasury to make direct payments to local governments with populations in excess of 500,000, in amounts equal to 45% of the local government's per capita share of the statewide allocation. This statutory structure was based on a recognition that it is more administratively feasible to rely on States, rather than the federal government, to manage the transfer of funds to smaller local governments. Consistent with the needs of all local governments for funding to address the public health emergency, States should transfer funds to local governments with populations of 500,000 or less, using as a benchmark the per capita allocation formula that governs payments to larger local governments. This approach will ensure equitable treatment among local governments of all sizes.

For example, a State received the minimum \$1.25 billion allocation and had one county with a population over 500,000 that received \$250 million directly. The State should distribute 45 percent of the \$1 billion it received, or \$450 million, to local governments within the State with a population of 500,000 or less.

#### May a State impose restrictions on transfers of funds to local governments?

Yes, to the extent that the restrictions facilitate the State's compliance with the requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance and other applicable requirements such as the Single Audit Act, discussed below. Other restrictions are not permissible.

### If a recipient must issue tax anticipation notes (TANs) to make up for tax due date deferrals or revenue shortfalls, are the expenses associated with the issuance eligible uses of Fund payments?

If a government determines that the issuance of TANs is necessary due to the COVID-19 public health emergency, the government may expend payments from the Fund on the interest expense payable on TANs by the borrower and unbudgeted administrative and transactional costs, such as necessary payments to advisors and underwriters, associated with the issuance of the TANs.

### May recipients use Fund payments to expand rural broadband capacity to assist with distance learning and telework?

Such expenditures would only be permissible if they are necessary for the public health emergency. The cost of projects that would not be expected to increase capacity to a significant extent until the need for distance learning and telework have passed due to this public health emergency would not be necessary due to the public health emergency and thus would not be eligible uses of Fund payments.

#### Are costs associated with increased solid waste capacity an eligible use of payments from the Fund?

Yes, costs to address increase in solid waste as a result of the public health emergency, such as relates to the disposal of used personal protective equipment, would be an eligible expenditure.

### May payments from the Fund be used to cover across-the-board hazard pay for employees working during a state of emergency?

No. The Guidance says that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. Hazard pay is a form of payroll expense and is subject to this limitation, so Fund payments may only be used to cover hazard pay for such individuals.

### May Fund payments be used for expenditures related to the administration of Fund payments by a State, territorial, local, or Tribal government?

Yes, if the administrative expenses represent an increase over previously budgeted amounts and are limited to what is necessary. For example, a State may expend Fund payments on necessary administrative expenses incurred with respect to a new grant program established to disburse amounts received from the Fund.

#### May recipients use Fund payments to provide loans?

Yes, if the loans otherwise qualify as eligible expenditures under section 601(d) of the Social Security Act as implemented by the Guidance. Any amounts repaid by the borrower before December 30, 2020, must be either returned to Treasury upon receipt by the unit of government providing the loan or used for another expense that qualifies as an eligible expenditure under section 601(d) of the Social Security Act. Any amounts not repaid by the borrower until after December 30, 2020, must be returned to Treasury upon receipt by the unit of government section 601(d) of the Social Security Act.

#### May Fund payments be used for expenditures necessary to prepare for a future COVID-19 outbreak?

Fund payments may be used only for expenditures necessary to address the current COVID-19 public health emergency. For example, a State may spend Fund payments to create a reserve of personal protective equipment or develop increased intensive care unit capacity to support regions in its jurisdiction not yet affected, but likely to be impacted by the current COVID-19 pandemic.

#### May funds be used to satisfy non-federal matching requirements under the Stafford Act?

Yes, payments from the Fund may be used to meet the non-federal matching requirements for Stafford Act assistance to the extent such matching requirements entail COVID-19-related costs that otherwise satisfy the Fund's eligibility criteria and the Stafford Act. Regardless of the use of Fund payments for such purposes, FEMA funding is still dependent on FEMA's determination of eligibility under the Stafford Act.

### Must a State, local, or tribal government require applications to be submitted by businesses or individuals before providing assistance using payments from the Fund?

Governments have discretion to determine how to tailor assistance programs they establish in response to the COVID-19 public health emergency. However, such a program should be structured in such a manner as will ensure that such assistance is determined to be necessary in response to the COVID-19 public health emergency and otherwise satisfies the requirements of the CARES Act and other applicable law. For example, a per capita payment to residents of a particular jurisdiction without an assessment of individual need would not be an appropriate use of payments from the Fund.

### May Fund payments be provided to non-profits for distribution to individuals in need of financial assistance, such as rent relief?

Yes, non-profits may be used to distribute assistance. Regardless of how the assistance is structured, the financial assistance provided would have to be related to COVID-19.

### May recipients use Fund payments to remarket the recipient's convention facilities and tourism industry?

Yes, if the costs of such remarketing satisfy the requirements of the CARES Act. Expenses incurred to publicize the resumption of activities and steps taken to ensure a safe experience may be needed due to

the public health emergency. Expenses related to developing a long-term plan to reposition a recipient's convention and tourism industry and infrastructure would not be incurred due to the public health emergency and therefore may not be covered using payments from the Fund.

### May a State provide assistance to farmers and meat processors to expand capacity, such to cover overtime for USDA meat inspectors?

If a State determines that expanding meat processing capacity, including by paying overtime to USDA meat inspectors, is a necessary expense incurred due to the public health emergency, such as if increased capacity is necessary to allow farmers and processors to donate meat to food banks, then such expenses are eligible expenses, provided that the expenses satisfy the other requirements set forth in section 601(d) of the Social Security Act outlined in the Guidance.

# The guidance provides that funding may be used to meet payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency. May Fund payments be used to cover such an employee's entire payroll cost or just the portion of time spent on mitigating or responding to the COVID-19 public health emergency?

As a matter of administrative convenience, the entire payroll cost of an employee whose time is substantially dedicated to mitigating or responding to the COVID-19 public health emergency is eligible, provided that such payroll costs are incurred by December 30, 2020. An employer may also track time spent by employees related to COVID-19 and apply Fund payments on that basis but would need to do so consistently within the relevant agency or department.

# May Fund payments be used to cover increased administrative leave costs of public employees who could not telework in the event of a stay at home order or a case of COVID-19 in the workplace?

The statute requires that payments be used only to cover costs that were not accounted for in the budget most recently approved as of March 27, 2020. As stated in the Guidance, a cost meets this requirement if either (a) the cost cannot lawfully be funded using a line item, allotment, or allocation within that budget or (b) the cost is for a substantially different use from any expected use of funds in such a line item, allotment, or allocation. If the cost of an employee was allocated to administrative leave to a greater extent than was expected, the cost of such administrative leave may be covered using payments from the Fund.

#### **Questions Related to Administration of Fund Payments**

#### Do governments have to return unspent funds to Treasury?

Yes. Section 601(f)(2) of the Social Security Act, as added by section 5001(a) of the CARES Act, provides for recoupment by the Department of the Treasury of amounts received from the Fund that have not been used in a manner consistent with section 601(d) of the Social Security Act. If a government has not used funds it has received to cover costs that were incurred by December 30, 2020, as required by the statute, those funds must be returned to the Department of the Treasury.

#### What records must be kept by governments receiving payment?

A government should keep records sufficient to demonstrate that the amount of Fund payments to the government has been used in accordance with section 601(d) of the Social Security Act.

#### May recipients deposit Fund payments into interest bearing accounts?

Yes, provided that if recipients separately invest amounts received from the Fund, they must use the interest earned or other proceeds of these investments only to cover expenditures incurred in accordance with section 601(d) of the Social Security Act and the Guidance on eligible expenses. If a government deposits Fund payments in a government's general account, it may use those funds to meet immediate cash management needs provided that the full amount of the payment is used to cover necessary expenditures. Fund payments are not subject to the Cash Management Improvement Act of 1990, as amended.

#### May governments retain assets purchased with payments from the Fund?

Yes, if the purchase of the asset was consistent with the limitations on the eligible use of funds provided by section 601(d) of the Social Security Act.

### What rules apply to the proceeds of disposition or sale of assets acquired using payments from the Fund?

If such assets are disposed of prior to December 30, 2020, the proceeds would be subject to the restrictions on the eligible use of payments from the Fund provided by section 601(d) of the Social Security Act.

#### Are Fund payments to State, territorial, local, and tribal governments considered grants?

No. Fund payments made by Treasury to State, territorial, local, and Tribal governments are not considered to be grants but are "other financial assistance" under 2 C.F.R. § 200.40.

#### Are Fund payments considered federal financial assistance for purposes of the Single Audit Act?

Yes, Fund payments are considered to be federal financial assistance subject to the Single Audit Act (31 U.S.C. §§ 7501-7507) and the related provisions of the Uniform Guidance, 2 C.F.R. § 200.303 regarding internal controls, §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

#### Are Fund payments subject to other requirements of the Uniform Guidance?

Fund payments are subject to the following requirements in the Uniform Guidance (2 C.F.R. Part 200): 2 C.F.R. § 200.303 regarding internal controls, 2 C.F.R. §§ 200.330 through 200.332 regarding subrecipient monitoring and management, and subpart F regarding audit requirements.

#### Is there a Catalog of Federal Domestic Assistance (CFDA) number assigned to the Fund?

Yes. The CFDA number assigned to the Fund is 21.019.

# If a State transfers Fund payments to its political subdivisions, would the transferred funds count toward the subrecipients' total funding received from the federal government for purposes of the Single Audit Act?

Yes. The Fund payments to subrecipients would count toward the threshold of the Single Audit Act and 2 C.F.R. part 200, subpart F re: audit requirements. Subrecipients are subject to a single audit or program-

specific audit pursuant to 2 C.F.R. § 200.501(a) when the subrecipients spend \$750,000 or more in federal awards during their fiscal year.

### Are recipients permitted to use payments from the Fund to cover the expenses of an audit conducted under the Single Audit Act?

Yes, such expenses would be eligible expenditures, subject to the limitations set forth in 2 C.F.R. § 200.425.

#### If a government has transferred funds to another entity, from which entity would the Treasury Department seek to recoup the funds if they have not been used in a manner consistent with section 601(d) of the Social Security Act?

The Treasury Department would seek to recoup the funds from the government that received the payment directly from the Treasury Department. State, territorial, local, and Tribal governments receiving funds from Treasury should ensure that funds transferred to other entities, whether pursuant to a grant program or otherwise, are used in accordance with section 601(d) of the Social Security Act as implemented in the Guidance.

### Coronavirus Relief Fund Reporting and Record Retention Requirements July 2, 2020



OFFICE OF INSPECTOR GENERAL DEPARTMENT OF THE TREASURY WASHINGTON, D.C. 20220

July 2, 2020

OIG-CA-20-021

MEMORANDUM FOR	CORONAVIRUS RELIEF FUND RECIPIENTS
FROM:	Richard K. Delmar /s/ Deputy Inspector General
SUBJECT:	Coronavirus Relief Fund Reporting and Record Retention Requirements

Title VI of the Social Security Act, as amended by Title V of Division A of the *Coronavirus Aid, Relief, and Economic Security Act* (Public Law 115-136), provides that the Department of the Treasury (Treasury) Office of Inspector General (OIG) is responsible for monitoring and oversight of the receipt, disbursement, and use of Coronavirus Relief Fund payments. Treasury OIG also has authority to recover funds in the event that it is determined a recipient of a Coronavirus Relief Fund payment failed to comply with requirements of subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)). Accordingly, we are providing recipient reporting and record retention requirements that are essential for the exercise of these responsibilities, including our conduct of audits and investigations.

#### **Reporting Requirements and Timelines**

Each prime recipient of Coronavirus Relief Fund payments<sup>1</sup> shall report Coronavirus Disease 2019 (COVID-19) related "costs incurred" during the "covered period"<sup>2</sup> (the period beginning on March 1, 2020 and ending on December 30, 2020), in the manner of and according to the timelines outlined in this memorandum. As described below, each prime recipient shall report interim and quarterly data and other recipient data according to these requirements. Treasury OIG is working on development of a portal with GrantSolutions<sup>3</sup> that is expected to be operational on

<sup>&</sup>lt;sup>1</sup> Prime recipients include all 50 States, Units of Local Governments, the District of Columbia, U.S. Territories, and Tribal Governments that received a direct payment from Treasury in accordance with Title V.

<sup>&</sup>lt;sup>2</sup> Refer to Treasury's guidance dated June 30, 2020 for more information on costs incurred and the covered period.

<sup>&</sup>lt;sup>3</sup> A grant management service provider under the U.S. Department of Health and Human Services.

September 1, 2020, for recipients to report data on a quarterly basis. Until the GrantSolutions portal is operational, each prime recipient shall follow the interim reporting requirements. Treasury OIG will notify each prime recipient when GrantSolutions is operational or of any changes to the expected September 1, 2020 start date.

# Interim Reporting for the period March 1 through June 30, 2020

**By no later than July 17, 2020**, each prime recipient is responsible for reporting costs incurred during the period March 1 through June 30, 2020. For this interim report, prime recipients need only report totals by the following broad categories:

- a. Amount transferred to other governments;
- b. Amount spent on payroll for public health and safety employees;
- c. Amount spent on budgeted personnel and services diverted to a substantially different use;
- d. Amount spent to improve telework capabilities of public employees;
- e. Amount spent on medical expenses;
- f. Amount spent on public health expenses;
- g. Amount spent to facilitate distance learning;
- h. Amount spent providing economic support;
- i. Amount spent on expenses associated with the issuance of tax anticipation notes; and
- j. Amount spent on items not listed above.

Recipients should consult Treasury's guidance and Frequently Asked Questions in reporting costs incurred during the period March 1 through June 30, 2020. The total of all categories must equal the total of all costs incurred during that period. A spreadsheet is attached for your use in providing the data. As discussed below, the prime recipient will be required to report information for the period March 1 through June 30, 2020 into GrantSolutions once it is operational.

## Quarterly Reporting

Each prime recipient of Coronavirus Relief Fund payments shall report COVID-19 related costs into the GrantSolutions portal. Data required to be reported includes, but is not limited to, the following:

- the total amount of payments from the Coronavirus Relief Fund received from Treasury;
- the amount of funds received that were expended or obligated for each project or activity;
- 3. a detailed list of all projects or activities for which funds were expended or obligated, including:
  - a. the name of the project or activity;
  - b. a description of the project or activity; and

4. detailed information on any loans issued; contracts and grants awarded; transfers made to other government entities; and direct payments made by the recipient that are greater than \$50,000.

The prime recipient is responsible for reporting into the GrantSolutions portal information on uses of Coronavirus Relief Fund payments.

**Recipient Portal Access:** For future quarterly reporting, each prime recipient will have GrantSolutions portal access for three (3) individuals: two (2) designees (preparers) to input quarterly data and one (1) official authorized to certify that the data is true, accurate, and complete.<sup>4</sup> **By no later than July 17, 2020**, please provide the name, title, email address, phone number, and postal address of these individuals so that portal access can be granted. After this information is received, guidance on the GrantSolutions portal access and data submission instructions will be issued separately.

# Reporting timeline

**By no later than September 21, 2020,** recipients shall submit via the portal the first detailed quarterly report, which shall cover the period March 1 through June 30, 2020. Thereafter, quarterly reporting will be due no later than 10 days after each calendar quarter. For example, the period July 1 through September 30, 2020, must be reported no later than October 13, 2020 (Tuesday after the 10<sup>th</sup> day of October and the Columbus Day Holiday). Reporting shall end with either the calendar quarter after the COVID-19 related costs and expenditures have been liquidated and paid or the calendar quarter ending September 30, 2021, whichever comes first.

# **Record Retention Requirements**

Recipients of Coronavirus Relief Fund payments shall maintain and make available to the Treasury OIG upon request <u>all documents and financial records</u> sufficient to establish compliance with subsection 601(d) of the Social Security Act, as amended, (42 U.S.C. 801(d)), which provides:

(d) USE OF FUNDS.—A State, Tribal government, and unit of local government shall use the funds provided under a payment made under this section to cover only those costs of the State, Tribal government, or unit of local government that—

- 1. are necessary expenditures incurred due to the public health emergency with respect to COVID-19;
- 2. were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and

<sup>&</sup>lt;sup>4</sup> The certifying official is an authorized representative of the recipient organization with the legal authority to give assurances, make commitments, enter into contracts, and execute such documents on behalf of the recipient.

3. were incurred<sup>5</sup> during the period that begins on March 1, 2020, and ends on December 30, 2020.

Records to support compliance with subsection 601(d) may include, but are not limited to, copies of the following:

- general ledger and subsidiary ledgers used to account for (a) the receipt of Coronavirus Relief Fund payments and (b) the disbursements from such payments to meet eligible expenses related to the public health emergency due to COVID-19;
- 2. budget records for 2019 and 2020;
- payroll, time records, human resource records to support costs incurred for payroll expenses related to addressing the public health emergency due to COVID-19;
- 4. receipts of purchases made related to addressing the public health emergency due to COVID-19;
- 5. contracts and subcontracts entered into using Coronavirus Relief Fund payments and all documents related to such contracts;
- grant agreements and grant subaward agreements entered into using Coronavirus Relief Fund payments and all documents related to such awards;
- all documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- 8. all documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- 9. all internal and external email/electronic communications related to use of Coronavirus Relief Fund payments; and
- 10. all investigative files and inquiry reports involving Coronavirus Relief Fund payments.

Records shall be maintained for a period of five (5) years after final payment is made using Coronavirus Relief Fund monies. These record retention requirements are applicable to all prime recipients and their grantees and subgrant recipients, contractors, and other levels of government that received transfers of Coronavirus Relief Fund payments from prime recipients.

Thank you and we appreciate your assistance.

<sup>&</sup>lt;sup>5</sup> Refer to Treasury's guidance dated June 30, 2020 for more information on the definition of costs incurred.

# Appendix 2 - Attestation

# ATTESTATION

I,	riana For	sythe	_, am the Title:	CEO	_ of Name of			
Organ	nization: _	CASA		nd I certify that:				
		ne authority on behalf of	casa ization) to sign t	this Attestation.				
2.		tand that the Pinellas Com representation in making a	munity Foundati	ion will rely on this attesta	tion as a			
3.	CASA			(Organization) attests that	proposed			
	services 1, 2020,	expenditures of this grant are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, do not supplant existing services or budgets, and are not reimbursable by alternate means.						
4.	CASA			(Organization) attests it w	ill only			
	expend funds from this grant which are appropriate and aligned with the awarded proposal, are for services related COVID-19 impacts to residents and/or the community on or after March 1, 2020, and do not supplant existing services or budgets, and are not reimbursable by alternate means.							
By:	Lariana F	Orsythe	(Printed N	ame)				
Signat	ture:	ariana Forsyttu -185852513EF74E7						
Title:	CEO							
Date:	10/18/2	020						

## **APPENDIX 3 – Minimum Monitoring Requirements**

- 1. Mandatory training provided by PCF at onset of grant re: fiscal and accountability
- 2. Advanced funds or reimbursement-based payments
- 3. Monthly report showing all invoice support, including detail timesheets and paystub with allocation between payroll supporting this grant and others
- 4. For advanced funds, current balance remaining
- 5. Obtain close-out report from grantee and reconcile to internal records

Appendix 4 – Application for Funding (including budget plan)

# CASA Domestic Violence Services

Pinellas CARES Nonprofit Partnership Fund

# CASA (Community Action Stops Abuse) Inc.

Ms. Lariana Forsythe PO Box 414 Saint Petersburg, FL 33731-0414 lforsythe@casa-stpete.org 0: 727-895-4912

Dr. Jill Flansburg

PO Box 414 Saint Petersburg, FL 33731-0414

jflansburg@casa-stpete.org 0: 727-895-4912 x116

# **Application Form**

# Introduction

NOTE: If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your request and project start date.

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, click here.

**Please answer these questions FIRST**, as the application will show you the required sections and fields to complete based on your answers.

#### **Priority Funding Areas**\*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

**Behavioral Health** 

#### **Reimbursement\***

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

## Future Programming\*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

# Project Name\*

CASA Domestic Violence Services

CASA (Community Action Stops Abuse) Inc.

Jill Flansburg

EIN\*

59-2114359

#### **DUNS Number\***

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: https://www.dnb.com/duns-number/lookup.html

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval): https://www.dnb.com/duns-number/get-a-duns.html

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

122625858

## Mission Statement\*

OUR MISSION

Challenging the societal acceptance of all forms of domestic violence, CASA Stands Up To Silence through advocacy, prevention, intervention and support services.

OUR VISION A society free from domestic violence.

# Total Operating Expenditure\*

What are your total annual operating expenses?

\$6,502,015.00

## **Amount Requested\***

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between \$25,000 and \$250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

\$51,781.00

If you are requesting more than \$250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

## **Priority Populations**\*

Please select the priority populations your programming will serve: Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

People experiencing homelessness Low-income families

#### **Guiding Principles\***

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.

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

Persons served are encouraged to make informal suggestions for improvement, and are free to approach staff members regardless of the service they are receiving. Upon exit from the emergency shelter or rapid rehousing, survivors are offered a satisfaction survey to give anonymous feedback. This survey is also offered to support group members on a quarterly basis, since that program has no foreseeable end date. This information, along with quantitative data analyzed from our in-house database is shared with program supervisors, executive staff, Board members, and funders. Additionally, at least 2 Board members have disclosed a history of domestic violence and homelessness.

Regarding survivors, no discrimination is made with regard to race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, immigration status, education, employment status, residency, legal history, or socio-economic status.

## Length of time operating program/project\*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.

Community Action Stops Abuse, Inc. (CASA) is a nonprofit organization, and has provided safety and sanctuary to survivors of domestic violence and their children since 1977.

#### Service Area\*

In which areas of the county do you physically provide services?

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor) Mid-County (locations such as Clearwater, Largo, Safety Harbor) South County (locations such as St. Petersburg, Lealman, Kenneth City)

#### Impact on Organization\*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has changed our operations, and keeps changing our operations daily! Much of our grant funding is restricted, meaning that it is for very specific line items, and doesn't always cover what needs arise at our center from moment to moment, especially during this emergency. We are rehousing families who can move into the community safely, by providing temporary financial assistance to pay for rent and utility deposits. We have opened some apartments on a property we have access to, in order to temporarily house some families who are safe to leave the shelter, but cannot yet do so independently. This means outfitting each living space with furniture, dishes, cookware, and everything needed for daily living besides starting the utility services and wifi at that property.

Survivors and their children who reside at the shelter spend more time during the day there due to no school, losing their jobs, and self sheltering, which means we are providing more food, personal items, cleaning supplies, childcare, etc. We have re-deployed additional staff members to work at the shelter to help, as well as an amplified cleaning regime, and to make sure that we don't have groups greater than 10 people congregating in our large communal living facility. We package food for every meal and deliver so that families don't gather in the kitchen areas.

Meanwhile, we continue to serve survivors in support groups, court cases, and case management via Zoom technology. Conversations from our 24/7 crisis hotline have informed us that some victims will not leave the violence in their homes for fear of catching the virus in a communal living situation. Instead, they request and receive support from our outreach and community based programs.

# Fiscal Accountability

#### Federal Fund Disclosure\*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than \$750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

#### Audited Financial Statements\*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

#### Most Recently Filed IRS Form 990\*

Please upload a copy of the organization's most recently filed IRS Form 990. This is absolutely required.

06\_30\_2019 IRS 990 CASA Public Disclosure Copy.pdf

#### **Board-Approved Budget\***

Please upload your most recently board-approved budget for this fiscal year in PDF format. 2020\_2021 CASA Annual Budget - approved.pdf

# Audited Financial Statements

#### Most Recent Audited Financial Statements\*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

CASA Audited Financials 06\_30\_2019.pdf See attached.

#### Management Letter\*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

Letter is included in the audited financials.

# *Expansion or Sustaining of Exact Programming Funded by Another Source*

#### **Existing Contract**

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

CASA was granted funds for COVID-related expenses from other sources, but associated expenses are not requested for reimbursement in this application. Money spent to pay the attached invoices came from unrestricted CASA cash, and was diverted from other agency needs. For example, CASA received CARES funds from the City of St. Pete for professional sanitizing of the emergency shelter, and that contract will not be in place until October. The Emergency Food & Shelter Program awarded money strictly for food at the

emergency shelter. Mary Kay Foundation sent a case of hand sanitizers to support our efforts to minimize virus spread. United Way provided COVID funds for food, housing supports, and shelter operations. Pinellas County granted CARES monies specifically for food, operating expenses (like participant needs) and program materials.

# Reimbursement of COVID-19 Related Expenses

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred and paid from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.

#### Attestation\*

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

#### Amount of Reimbursement Requested\*

Please specify the total amount of reimbursement your organization is seeking.

\$11,540.00

# **Documentation of Expenses\***

#### Please use this template to describe the expenses for which you are seeking reimbursement.

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Receipts documenting the purchase of unbudgeted items or service
- Credit Card Statements showing payment of items (with MOST account numbers REDACTED)
- Bank Statements showing payment of credit cards (with MOST account numbers REDACTED)
- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds

If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses. If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

Expenses paid between March and July -- CASA.pdf

As our community is faced with these unusual circumstances, and many of us continue to distance and isolate ourselves within our homes, please remember that for many, home is not a safe place. In fact, with the

rising social tension due to children being at home or school life being disrupted, people losing their jobs, shortages of supplies, and serious health concerns, incidents of domestic violence are expected to increase.

As things change dramatically in light of the community's response to COVID-19, CASA works to maintain flexibility in responding to survivors' needs. This flexibility requires funding. CASA has implemented text-tolandline software for our crisis hotline. With high stress in the community and many persons sheltering at home, not only does the likelihood of domestic violence increase, but it may be more difficult for victims outside of the shelter to find a private and safe place to call our crisis line for support, safety planning, and resources. Using a text messaging to access our advocates might help solve the problem, so that survivors do not risk having their private conversation with us overheard as well as erasing those texts from the phone history.

Both direct service staff (those provide direct care to participants and their children) and support staff members are using technology like never before. Zoom licenses have been purchased to hold support groups, provide public education to break the cycle of violence, and otherwise meet.

#### Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

#### <u>Example</u> Food: 1250 people Behavioral Health: 250 people

Behavioral Health: 40 people who exit shelter

# Funding and Usage

## **Client Service Delivery\***

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.

This request outlines a need for technology to continue to reach survivors who need our support. The quarantine due to pandemic has been shown to trigger a spike in DV incidents in other areas, and that is why these requests are COVID-related. The items identified in this request were unbudgeted and the need was minimum until the pandemic forced a change in our service delivery. Essential supports for survivors of domestic violence and their families remain the same, and CASA continues to be available. But for immediate needs, advocacy will take place virtually. Our non-residential services have been relocated from the community due to government offices closures. Our headquarters has become more important for advocates to maintain a presence, providing intake and advocacy virtually in part because survivors are hesitant to enter the emergency shelter.

The technological equipment and licenses will make it easier for staff members to reach survivors at any location, as well as document services for reports, public awareness, apply for additional funding, communicate, etc. There has been a 45% uptick in the number of persons served through our outreach

services as compared to last year. The building equipment is essential to offer a safe and healthy environment in which to advocate for survivors of domestic violence.

Zipcodes for participants served cannot be predicted since CASA services are available to anyone who calls our crisis hotline. However, in the past fiscal year we have served about 7% of our Tampa Bay zipcodes from Hillsborough County (33563, 33573, 33594, 33602, 33604, 33606, 33610, 33612, 33613, 33615, 33617, 33619, 33635); about 0.3% from Sarasota County (34292); about 2% from Manatee County (34203, 34205, 34208, 34237), and the majority or 90% from Pinellas County. There were also a few survivors who claimed to flee from outside these areas.

#### Communication/Outreach and Community Engagement Efforts\*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

CASA partners with many community resources who often refer survivors when that person selfdiscloses in the course of receiving other services. This includes the local homeless providers, since the number one reason for women to be homeless is flight from domestic abuse. We provide education and pamphlets to hospitals, clinics, schools, hair stylists, law enforcement, as well as having advocates present in the police department, courthouses, whether in person or virtually. In fact, remote training is offered via free webinar to teach the community how to recognize the signs and behaviors of abusers and victims and how to support someone who may be experiencing abuse. Tampa Bay Rays have posters on the back of each women's restroom stall that inform women how to get in touch with CASA, assuring them that they will be believed/ supported. Our website is safe and secure, and outlines available services, including a button that allows the visitor to quickly close the website so that someone walking by does not see what website is being consulted. We maintain an active presence on Facebook, Twitter, and Instagram.

## Hurricane Preparedness\*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

2020 COOP - final.pdf See attached.

## **Evidence of Insurance Coverage\***

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

CASA Victorias Place.pdf See attached.

#### **Insurance Requirement\***

If you are awarded a contract for the Pinellas CARES Nonprofit Partnership Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance. If you would like to begin this process now, please contact your general liability insurance carrier.

Here is the information for your carrier: 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.

Yes, I understand this requirement.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: Budget Narrative/Summary Instructions

**Update as of 9/25/2020:** Due to new U.S. Department of the Treasury guidance, the CARES Act does not cover *any* administrative or indirect costs. The Budget Narrative and Summary have been updated. CFO, CEO, and other types of "administrative" time must be documented as a **direct cost on an hourly basis** under Personnel or Contracted Services. The above webinar will be updated shortly.

If your organization is awarded a grant, it is likely to be issued on a cost-reimbursement basis. Please consider this when developing your budget narrative and summary.

Note about Hazard Pay: Hazard pay will not automatically be approved as a budget item. Hazard pay is only for hazardous duty or work involving physical hardship, in each case that is related to COVID-19. Much of the immediate hazards of COVID-19 can be mitigated by appropriate use of PPE and/or regular sanitizing of spaces. The threshold for approval of hazard pay is high. It is best that you inquire in advance of adding this to a budget in your grant application.

If you would like to use a unit of service cost as a basis for your budget, you MUST contact Pinellas Community Foundation program staff FIRST to discuss this possibility.

## Budget Summary\*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.** 

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-- CASA.pdf

## **Budget Narrative\***

Please download the budget narrative template HERE and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Capital includes buildings, vehicles, equipment at \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

Please export as a PDF and upload it.

Budget-Narrative-- CASA.docx

**Comment:** Final Approved Budget Narrative attached to application administratively to replace outdated first draft. Original submission can be viewed in Organizational Documents Tab.

#### **Capital Requests**

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

quotes for hvac - CASA.pdf

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under \$50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

#### Are you going to use LPOs in this programming?\*

Yes

# Logistical Partner Organizations (LPOs)

#### LPO List\*

Please upload a list with entity names and primary contact information for each LPO. If there is additional information to provide, do so in the text box below.

Although we will not use LPOs for this project, CASA partners with dozens of community resource partners in order to refer survivors and their children for appropriate and individualized services. However, CASA takes the lead in making sure that survivors are safe and secure, and are empowered to choose their own life goals. Since the outcome measure for this project is safety planning with survivors of domestic violence, CASA will not use LPOs for that activity.

#### Role in Programming\*

Please describe the role(s) of specified LPOs in the programming proposed in this application.

N/A

# Behavioral Health

This grant will require weekly reporting on the following measures:

• Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- Monthly Progress Rate as defined by your measurement and methodology specified below

#### Affirmation of Reporting\*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

#### Measurement - Behavioral Health\*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

Our best and most notable output is to provide safety planning for 98% of persons who reach out to us in crisis.

**Comment:** Measurement response updated according to revision suggested by Dr. BMR as of 9/12/20. Current response in the application was added administratively.

Original Response was as follows:

We use a participant satisfaction survey, and it is given to each survivor to complete when we know they are leaving our emergency shelter. It is a series of statements that they rank on a Likert scale, and so can be easily quantified. For our one outcome measure, we would like to use: increased knowledge about domestic violence. This would indicate that as a result of participation in services associated with our emergency shelter, survivors would increase their knowledge about domestic violence. There may be additional survivors who are receiving outreach services who will be surveyed once during the funding period, and these numbers will also be reported, but not anticipated here due to the uncertainty of offering support groups via virtual means. We anticipate that the average score for at least

98% survivors leaving the emergency shelter or receiving virtual support groups will be 4.0 or higher (indicating agree to strongly agree).

#### Methodology\*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

98% of adults leaving the emergency shelter or who are served in the community will have an approved safety plan on a monthly basis.

**Comment:** Updated Response to Methodology added administratively to match revisions suggested by Dr. BMR and provided by applicant.

Original Response written by applicant as follows:

It is anticipated that 98% persons exiting the emergency shelter who complete the satisfaction survey will agree or strongly agree that they have increased their knowledge about domestic violence. That is, the average rank for each month will be 4.0 on a 5-point scale when responding to the statement "My level of knowledge about domestic violence has increased." Average stay is 60 days (which varies) and average adult exits per month is about 8 to 10. Each response reflects several weeks of services.

The knowledge areas that will be addressed include the different types of abuse (physical, sexual, financial, emotional, verbal), using intimidation or isolation to control the survivor so that they do not have outside resources or means by which to easily escape the abuser, minimizing/ denying/ or blaming so that the survivor is lead to believe the abuse is normal or non-existent, threatening to use the children or pets if the survivor does not do as told or says he/ she is going to report the abuser, and so forth. The education will be individualized, using the survivor's unique circumstances as examples and talking about warning signs as well as what they can do if they find themselves in a similar situation in the future.

#### Number of Clients Served During Grant Period - Behavioral Health\*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

320

## Estimated Percentage of Progress - Grant Period\*

Please estimate % of progress on the proposed measure during the grant period.

98

#### September Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

80

#### September Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

#### **October Projections - Number Served - Behavioral Health\***

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

80

#### October Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

## November Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

80

## November Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

## December Projections - Number Served - Behavioral Health\*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**. 80

#### December Projections - Progress Rate - Behavioral Health\*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

98

# Funder Involvement

# Which of the funders have provided a grant to your organization within the last three years?\*

#### Allegany Franciscan Ministries Foundation for a Healthy St. Petersburg Funding from a Pinellas County Municipality Juvenile Welfare Board of Pinellas County Pinellas Community Foundation Pinellas County Government Tampa Bay Resiliency Fund United Way Suncoast Wells-Fargo

#### **Other Funding Sources**

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

CASA was granted funds for COVID-related expenses from other sources, but associated expenses are not requested for reimbursement in this application. For example, CASA received CARES funds from the City of St. Pete for professional sanitizing of the emergency shelter, and that contract will not be in place until October. The Emergency Food & Shelter Program awarded money strictly for food at the emergency shelter. Mary Kay Foundation sent a case of hand sanitizers to support our efforts to minimize virus spread. United Way provided COVID funds for food, housing supports, and shelter operations. Pinellas County granted CARES monies specifically for food, operating expenses (like participant needs) and program materials. Additionally, many line items for outreach and other non-residential services are currently funded by contracts with federal, state, and local government or agencies.

#### **Corrective Action\***

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No.

# Confirmation

# Signature and Affirmation\*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

#### Please type your name as an electronic signature and the date on which you are submitting this application.

Jill D. Flansburg, 9/2/2020 and revised per PCF request 9/10/2020

# File Attachment Summary

# Applicant File Uploads

- 06\_30\_2019 IRS 990 CASA Public Disclosure Copy.pdf
- 2020\_2021 CASA Annual Budget approved.pdf
- CASA Audited Financials 06\_30\_2019.pdf
- Expenses paid between March and July -- CASA.pdf
- 2020 COOP final.pdf
- CASA Victorias Place.pdf
- CARES-Partnership-Fund-Budget-- CASA.pdf
- Budget-Narrative-- CASA.docx
- quotes for hvac CASA.pdf

DocuSign Envelope ID: 0A36C097-8438-401C-AFAE-2C98239061C6

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application       COMMUNITY ACTION STOPS ABUSE INC       59-2114359         Doing Jusiness as       Doing Jusiness as       Specific Community       Formation and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number (727) 895-4912         Or BOX 414       City or toon, state or province, country, and ZIP or foreign postal code serving       SAINT PETERSBURG, PL 33731-0414       High Is this a group return for subcontrates?       Telephone number (727) 895-4912         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (insert no.)       4947(a)(1) or 5027         I Tax-energet status:       X 501(c)(3)       501(c) (1        (inser no.)       <	<u>A</u> F	or th				
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b Net unrelated business taxable income from Form 990-T, line 38         Th         U.           b Net unrelated business taxable income from Form 990-T, line 38         Prior Year         Current Year           b Net unrelated business taxable income from Form 990-T, line 38         Prior Year         Current Year           b Net unrelated business taxable income (Part VIII, line 1n)         4,961,666.         5,104,175.           b Net unrelated business taxable income (Part VIII, column (A), lines 3, 4, and 7d)         15,800.         1,344.           composition of the revenue (Part VIII, column (A), lines 3, 4, and 7d)         222,467.         118,669.           composition of the revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -83,681.         -187,066.           composition of the revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         5,116,252.         5,037,122.           composition of the revenue sed to or for members (Part IX, column (A), line 4)         0.         0.         0.           composition of the revenues (Part IX, column (A), line 11e)         2,496,573.         2,685,518.         16a           cotal fundraising expenses (Part IX, column (A), line 12)         2,035,257.         1,704,821.         1,704,821.           cotal expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)         452,486.         39,070.         21,373.         2,684,102. <td< td=""><td>/itie</td><td></td><td></td><td></td><td></td><td>250</td></td<>	/itie					250
b Net unrelated business taxable income from Form 990-T, line 38         Th         U.           b Net unrelated business taxable income from Form 990-T, line 38         Prior Year         Current Year           b Net unrelated business taxable income from Form 990-T, line 38         Prior Year         Current Year           b Net unrelated business taxable income (Part VIII, line 1n)         4,961,666.         5,104,175.           b Net unrelated business taxable income (Part VIII, column (A), lines 3, 4, and 7d)         15,800.         1,344.           composition of the revenue (Part VIII, column (A), lines 3, 4, and 7d)         222,467.         118,669.           composition of the revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -83,681.         -187,066.           composition of the revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         5,116,252.         5,037,122.           composition of the revenue sed to or for members (Part IX, column (A), line 4)         0.         0.         0.           composition of the revenues (Part IX, column (A), line 11e)         2,496,573.         2,685,518.         16a           cotal fundraising expenses (Part IX, column (A), line 12)         2,035,257.         1,704,821.         1,704,821.           cotal expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)         452,486.         39,070.         21,373.         2,684,102. <td< td=""><td>çti</td><td></td><td></td><td></td><td></td><td>0.</td></td<>	çti					0.
8       Contributions and grants (Part VIII, line 1h)       4,961,666.       5,104,175.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7c)       222,467.       118,669.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -83,681.       -187,066.         12       Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       5,116,252.       5,037,122.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       110,566.       586,287.         14       Benefits paid to or for members (Part IX, column (A), lines 4.3)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10)       2,496,573.       2,685,518.         16a       Professional fundraising fees (Part IX, column (A), line 25)       283,061.       1       17.04,821.         17       Other expenses (Part IX, column (A), line 25)       283,061.       1       1,704,821.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       4,663,766.       4,998,052.         19       Revenue less expenses. Subtract line 18 from line 12       2,035,257.       1,704,821.         20       Total assets (Part X, line 26)       5,652,578.       5,684,102.         21       Total	_ <	b	Net unrelated	business taxable income from Form 990-T, line 38	7b	0.
9       Program service revenue (Part VIII, line 2g)       15,800.       1,344.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       222,467.       118,669.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -83,681.       -187,066.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5,116,252.       5,037,122.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       110,566.       586,287.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 510)       2,496,573.       2,685,518.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       21,370.       21,426.         b       Total rundraising expenses (Part IX, column (A), line 25)       283,061.       17         17       Other expenses (Part IX, column (A), line 11e, 11f.24e)       2,035,257.       1,704,821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,663,766.       4,998,052.         19       Revenue less expenses. Subtract line 18 from line 20       5,652,578.       5,684,102.         20       Total assets (Part X, lin						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)      037, 001.      187, 0000.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 116, 252.       5, 037, 122.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       110, 566.       586, 287.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2, 496, 573.       2, 685, 518.       .         16a       Professional fundraising fees (Part IX, column (A), line 12)       21, 370.       21, 426.         17       Other expenses (Part IX, column (A), line 25)       283, 061.       1       2, 035, 257.       1, 704, 821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 26)       5, 652, 578.       5, 684, 102.         21       Total assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         21       Notal assets or fund balances. Subtract line 21 from line 20       6, 0	Ð	8	Contributions	and grants (Part VIII, line 1h)		
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)      037, 001.      187, 0000.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 116, 252.       5, 037, 122.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       110, 566.       586, 287.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2, 496, 573.       2, 685, 518.       .         16a       Professional fundraising fees (Part IX, column (A), line 12)       21, 370.       21, 426.         17       Other expenses (Part IX, column (A), line 25)       283, 061.       1       2, 035, 257.       1, 704, 821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 26)       5, 652, 578.       5, 684, 102.         21       Total assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         21       Notal assets or fund balances. Subtract line 21 from line 20       6, 0	enu		0	( , <b>0</b> ,		
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)      037, 001.      187, 0000.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       5, 116, 252.       5, 037, 122.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       110, 566.       586, 287.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2, 496, 573.       2, 685, 518.       .         16a       Professional fundraising fees (Part IX, column (A), line 12)       21, 370.       21, 426.         17       Other expenses (Part IX, column (A), line 25)       283, 061.       1       2, 035, 257.       1, 704, 821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 26)       5, 652, 578.       5, 684, 102.         21       Total assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         21       Notal assets or fund balances. Subtract line 21 from line 20       6, 0	ev.					
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       110,566.       586,287.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2,496,573.       2,685,518.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       21,370.       21,426.         b       Total fundraising expenses (Part IX, column (D), line 25)       283,061.       2,035,257.       1,704,821.         17       Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)       2,035,257.       1,704,821.       2,035,257.       1,704,821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,663,766.       4,998,052.         19       Revenue less expenses. Subtract line 18 from line 12       452,486.       39,070.         20       Total assets (Part X, line 16)       11,751,161.       11,591,989.       5,652,578.       5,684,102.         21       Total liabilities (Part X, line 26)       5,652,578.       5,684,102.       6,098,583.       5,907,887.         22       Net assets or fund balances. Subtract line 21 from line 20       6,098,583.       5,907,887.         23       Signature Block       Date       Date <td>ш</td> <td>  11</td> <td>Other revenue</td> <td>(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td></td> <td></td>	ш	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,496,573.       2,685,518.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       21,370.       21,426.         b       Total fundraising expenses (Part IX, column (D), line 25)       283,061.       1         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,035,257.       1,704,821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,663,766.       4,998,052.         19       Revenue less expenses. Subtract line 18 from line 12       452,486.       39,070.         12       Total assets (Part X, line 16)       11,751,161.       11,591,989.         21       Total liabilities (Part X, line 26)       5,652,578.       5,684,102.         22       Net assets or fund balances. Subtract line 21 from line 20       6,098,583.       5,907,887.         Part II       Signature Block       11       11.591.989.       11.590.788.         Signature of officer       Date       Date       11.591.980.						
16a       Professional fundraising fees (Part IX, column (A), line 11e)       21,370.       21,426.         b       Total fundraising expenses (Part IX, column (D), line 25)       283,061.       2,035,257.       1,704,821.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       2,035,257.       1,704,821.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,663,766.       4,998,052.         19       Revenue less expenses. Subtract line 18 from line 12       452,486.       39,070.         20       Total assets (Part X, line 16)       11,751,161.       11,591,989.         21       Total liabilities (Part X, line 26)       5,652,578.       5,684,102.         22       Net assets or fund balances. Subtract line 21 from line 20       6,098,583.       5,907,887.         Part II       Signature Block       Signature of officer       Date						
17       Other expenses (1 art ix, column (4), lines 11 art id, 11724e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 16)       11, 751, 161.       11, 591, 989.         21       Total liabilities (Part X, line 26)       5, 652, 578.       5, 684, 102.         22       Net assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         Part II       Signature Block       Signature of officer       Date         Sign       Signature of officer       Date	es	15				
17       Other expenses (1 art ix, column (4), lines 11 art id, 11724e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 16)       11, 751, 161.       11, 591, 989.         21       Total liabilities (Part X, line 26)       5, 652, 578.       5, 684, 102.         22       Net assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         Part II       Signature Block       Signature of officer       Date         Sign       Signature of officer       Date	ens	16a			21,370.	21,426.
17       Other expenses (1 art ix, column (4), lines 11 art id, 11724e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4, 663, 766.       4, 998, 052.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         19       Revenue less expenses. Subtract line 18 from line 12       452, 486.       39, 070.         20       Total assets (Part X, line 16)       11, 751, 161.       11, 591, 989.         21       Total liabilities (Part X, line 26)       5, 652, 578.       5, 684, 102.         22       Net assets or fund balances. Subtract line 21 from line 20       6, 098, 583.       5, 907, 887.         Part II       Signature Block       Signature of officer       Date         Sign       Signature of officer       Date	ă	b				1 704 001
19       Revenue less expenses. Subtract line 18 from line 12       452,486.39,070.         90       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       11,751,161.11,591,989.         21       Total liabilities (Part X, line 26)       5,652,578.5,684,102.         22       Net assets or fund balances. Subtract line 21 from line 20       6,098,583.5,907,887.         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.         Signature of officer       Date	ш	1 ''				
Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       11,751,161.       11,591,989.         21       Total liabilities (Part X, line 26)       5,652,578.       5,684,102.         22       Net assets or fund balances. Subtract line 21 from line 20       6,098,583.       5,907,887.         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.         Signature of officer         Date			-			
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Date			Revenue less	expenses. Subtract line 18 from line 12		
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Date	ts o	<b>~</b>	Total and the "	Dert V. Line 10)		
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer         Date	Rala	20				
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Date	let ∕	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date					• • • • • • • • • • • •	5,507,007.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Signature of officer Date			-		tements and to the hest of my	knowledge and helief it is
Signature of officer Date		-				moviougo and bollol, it is
		, 00110			alor has any knowledge.	
	Sig	n	Signature	e of officer	Date	
	-		-			

	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	CORINNE TURCOTTE	CORINNE TURCOTTE	02/21/20	ir self-employed	P01500189				
Preparer	Firm's name 🕨 JAMES MOORE & CO	., P.L.	Firm	's EIN 🕨 5	9-3204548				
Use Only	Firm's address 5931 NW 1ST PL		-						
	GAINESVILLE, FL	32607-2063	Phor	ne no. 352-	378-1331				
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)								
					- 000 (as (a				

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Part III       Statement of Program Services Accomplishments       X         Checker Schedule Constraints a response or tote to any line in this Part III       X         1       Briefy describe the anguitation a masion: SEE SCHEDULE 0       X         2       Dd the organization undertake any significant program services during the year which were not listed on the prote form 990 or 990 tz?       Yes (X) No         1       With the organization undertake any significant program services during the year which were not listed on the prote form 990 or 990 tz?       Yes (X) No         1       With the organization and table scomplishmest for each of its three lights program services, as measured by program services and research of the mean of the state and slopest set to attem the total expenses. Sector 6010(6)(0) and 6010(6)(0) anguitations are expensively to each of its three lights program services, and research of the program services is a measured by program services.       X         4a       Constant (I) for stach program service accompliahmest for each of its three lights program services.       X       X         2 South (I) for stach program services and mean to divers and allocations to others. The total expenses.       X       X       X         3 South and 010(1) for stach program services.       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X       X <td< th=""><th></th><th>m 990 (2018) COMMUNITY ACTION STOPS ABUSE INC 59-21</th><th>14359</th><th>Page <b>2</b></th></td<>		m 990 (2018) COMMUNITY ACTION STOPS ABUSE INC 59-21	14359	Page <b>2</b>
1       Bitely describe the organization's mission:         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 590 or 590-527         2       Did the organization case conducting, or make significant changes in how it conducts, any program services; as measured by expenses.         3       Did the organization case conducting, or make significant changes in how it conducts, any program services; as measured by expenses.         3       Describe the organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses.         40       Describe the organization case conducting, or make significant thanges in how it conducts, any program services, and tereview.         41       Users.       10.4 program service scorelistic the second by expenses.         3       Discribe the organization case conductions are required to report the amount of grants and allocations to other, the cold sequences.         42       Users.       10.4 program service scorelistic the Record the Record to the required to report the amount of grants and allocations to other, the cold sequences.         43       Users.       10.4 program service scorelistic the Record to the respect to the record to the regram service.         44       Wart Bart Y Describe MCONDES THROUGHOUT FUTLAL TIMES IN CONTRY, NURTURING A SENS TO CONTINUE THE PROGRAM IN CLASS ROOME.       Sense The Criber Sense The Control of the record to	Pa	art III Statement of Program Service Accomplishments		
SEE SCHEDULE 0         2       Dd the organization undertake any significant program services during the year which were not listed on the port forms for 990 E27       □ Yes [X] No         11 "Yes." describe these charges on Schedule 0.       11 "Yes." describe these charges on Schedule 0.       12 Yes [X] No         2       Dd the organization cases conducting, or make significant changes in how it conducts, any program services? □ □ Yes [X] No       12 Yes [X] No         41 "Yes." describe these charges on Schedule 0.       0.       12 Yes [X] No       12 Yes [X] No         41 "Yes." describe these charges on Schedule 0.       0.       12 Yes [X] No       12 Yes [X] No         42 (box:) [locress = 0.       1, 349, 341.       12 Yes [X] No       12 Yes [X] No         42 (box:] [locress = 4, 369, 894.       12 Yes [X] No       12 Yes [X] No       12 Yes [X] No         43 (box:] [locress = 4, 369, 894.       12 Yes [X] No       12 Yes [X] No       12 Yes [X] No         44 (box:] [locress = 4, 369, 894.       12 Yes [X] No       12 Yes [X] No       12 Yes [X] No         45 (box:] [locress = 4, 369, 894.       12 Yes [X] No       12 Yes [X] No       12 Yes [X] No         45 (box:] [locress = 1, 244]       12 Yes [X] No       12 Yes [X] No       12 Yes [X] No         46 (box:] [locress = 1, 244]       12 Yes [X] No       12 Yes				<u> </u>
2       Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 E27	1	• •		
pror Form 390 or 990 E27		SEE SCHEDULE O		
pror Form 390 or 990 E27				
pror Form 390 or 990 E27				
if "Yes," describe these new services and Schedule 0.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?       Yes X No         if "Yes," describe the organization's program service accompliatments for each of its three largest program services, as measured by expenses.       Sectors 01(6)(8) and 501(6)(9) and 2010(6) set required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompliatments for each of its three largest program services, as measured by expenses.         4       (Cose) (Repenses	2	Did the organization undertake any significant program services during the year which were not listed on the		
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes	XNo
If "Yes," describe these changes on Schedule 0. 4 Describe the enguistor is program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e)(5) and 501(e)(6) regulations are required to report the amount of grants and allocations to others, the total expenses, and texture. If any, for each program service reported. 4 (2000) THE SCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN ANNOLLY, IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY, NURTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD DEVELOPMENT. PEACEMAKER ALSO PROVIDES RESOURCES FOR TEACHERS TO CONTINUE THE PROGRAM IN CLASSROOMS. CASA ADVOCATES OFFER ONE ON ONE CONFIDENTIAL SUPPORT, CRISIS COUNTY, ANUALY, IN A ADVOCATES OFFER ONE ON ONE CONFIDENTIAL SUPPORT, CRISIS COUNTR, ASSISTANCE FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND ADVOCATES FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND ADVOCACS SAFETY PLEANNING, LETHALITY ASSESSMENT, SUPPORT GROUPS, HELP NAVIGATING THE CRIMINAL JUSTICE SYSTEM. ACCOMPANITMENT TO COUNT, ASSISTANCE FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND ADVOCACY, SAFETY CELL PHONE PROGRAM, TEEN DATING VIOLENCE ASSISTANCE (WITH PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (b(coc)(Inponest) Indudrg grants of \$) (Invense \$) (Invense \$) (Invense \$		If "Yes," describe these new services on Schedule O.		
4 Describe the organization's program service accomplifimments for each of its three largest program services, are negured to report the amount of grants and allocations to others, the total expenses, and reversed, at no. 1 (Decremes 4, 369, 894. including grants of 586, 287.) [Revenues 1, 344.) (CASA * 5 PEACCEMARERS PROGRAM PROVIDES HOLISTIC PEACE BUCATION TO ALMOST 2, 200 PRESCHOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN ANNUALLY, IN A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUTP TINELLAS COUNTY, NURTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD DEVELOPMENT. PEACEMAKER ALSO PROVIDES RESOURCES FOR TEACHERS TO CONTINUE THE PROGRAM IN CLASSROOMS. CASA ADVOCATES OFFET VELANING, LETHALITY ASSESSMENT, SUPPORT GROUPS, HELP NAVIGATING THE CRIMINAL JUSTICE SYSTEM, ACCOMPANIMENT TO COURT, ASSISTANCE FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND ADVOCACY, SAFETY CELL PHONE PROGRAM, TEEN DATING VIOLENCE ASSISTANCE (WITH PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (with PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (with PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (with PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (with PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES (odv) (Devrees \$	3		Yes	XNo
Section 501(c)(4) organizations are required to report the amount of graits and allocations to others, the total expenses, and             revenue, if any, for each program service reported.         4a       (icos       1) (incomes \$ 4,369,894. science program service reported.       1,344. )         c ASA 'S PEACEMAKERS PROGRAM PROVIDES HOLISTIC PEACE EDUCATION TO ALMOST       2,200 PRESCHOOLERS, ELEMENTARY AND MIDDLE SCHOOL CHILDREN ANNUALLY, IN <ul> <li>A WIDE VARIETY OF CLASSROOMS AND SCHOOLS THROUGHOUT PINELLAS COUNTY,             NUNTURING A SENSE OF PEACE AND JUSTICE DURING CRITICAL TIMES IN CHILD             DEVELOPMENT. PEACEMAKER ALSO PROVIDES RESOURCES FOR TEACHERS TO             CONTINUE THE PROGRAM IN CLASSROOMS.</li>             CONTINUE THE PROGRAM IN CLASSROOMS.             CONTINUE THE PROGRAM JUSTICE SYSTEM, ACCOMPANITMENT TO COURT,             ASSISTANCE FILLING OUT INJUNCTIONS, VICTIMS RIGHTS INFORMATION AND             ADVOCACY, SAFETY PLANNING, LETHALITY ASSESSMENT. SUPPORT, CRISIS             COUNSELING, SAFETY PLANNING, LETHALITY ASSESSTENT OCLORR, ASSISTANCE             (WITH PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES             (WITH PARENT OR GUARDIAN CONSENT), ACCESS TO MENTAL HEALTH RESOURCES         4b       (code)(Expenses including gentle of 3) (Inverse \$)</ul>				
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Form <b>990</b> (2018)	4e		)	
			Form <b>9</b>	<b>90</b> (2018)

# Form 990 (2018) COMMUNITY ACTION STOPS ABUSE INC Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>X</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7	x	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17	<u>^</u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			х
20-	complete Schedule G, Part III	<u>19</u>		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		- 23
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21		21	x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	L 2 I	42	

Form 990 (2018)

Form	990 (2018) COMMUNITY ACTION STOPS ABUSE INC 59-2114	359	Р	<sub>age</sub> 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X 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? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
05-	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
27	If "Yes," complete Schedule R, Part V, line 2	30		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20		31		- 23
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	38	Х	
Pa		00	23	I
	Check if Schedule O contains a response or note to any line in this Part V			X
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			

1c

Form	990 (2018) COMMUNITY ACTION STOPS ABUSE INC 59-2114	359	Р	age <b>5</b>	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 97				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
	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)?	4a		X	
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	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?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	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?	7a	Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b	-			
	Enter the amount of reserves on hand	44-		x	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x	
	excess parachute payment(s) during the year?	15			
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x	
16	If "Yes," complete Form 4720, Schedule O.	10			

Form 990 (2018)	COMMUNITY					59-2114359	Page <b>6</b>
Part VI Governance	e, Management, ar	nd Disclosu	Ire For ead	ch "Yes" res	oonse to	lines 2 through 7b below, and for a "No" re	sponse
to 11 - 0 - 0	. 10h halan daa siiha th					adula O. Cas instructions	

Section A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	🛛
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L9		
	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 in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	-	L 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			. 2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			. 3	_	<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4	_	X X
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?					
6	Did the organization have members or stockholders?			. 6	_	X
7a	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?			. <u>7</u> a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	lders, or			
~	persons other than the governing body?			. <b>7</b> t	,	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		X	
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?					+
и 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					+
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
	the internal requests information about policies not required by the internal re	venue	<u>Code.</u> )		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 10	5	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	e filing the form?	11	a 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			. 12		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to con	flicts?	12	b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe			
	in Schedule O how this was done			. 12		<u> </u>
13	Did the organization have a written whistleblower policy?					
14	Did the organization have a written document retention and destruction policy?			. 14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15	a X	
	a The organization's CEO, Executive Director, or top management official					
a	Other officers or key employees of the organization			. 15	5 X	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nont u	ith a			
iua	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?			16		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			. 10	4	
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
exempt status with respect to such arrangements?						
Sec	tion C. Disclosure			.   16	- 1	
17						
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990-	T (Section 501(c)	(3)s only	) availa	ble

 Own website
 X
 Another's website
 X
 Upon request

Upon request Other (explain in Schedule O)

19	Describe in 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	
	HARRY LINN - 727-895-4912	
	PO BOX 414, ST PETERSBURG, FL 33731-0414	

Form 990 (2018)	COMMUNITY ACTION	I STOPS ABUSE	INC 59-2114359	Page 7						
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, D	irectors, Trustees, Key Employees, a	nd 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 <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										

er -0- in columns (Ď), (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 report-able 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average	<b>(C)</b> Position						(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				s both	ı an	compensation	compensation	amount of
	week (list any hours for related organizations	stee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individu	Instituti	Officer	Key employee	Highest employe	Former			organizations
(1) ANDREA MASTERSON	0.50									
DIRECTOR		Х						0.	0.	0.
(2) BRITTANY MAXEY-FISHER	0.50									
DIRECTOR		Х						0.	0.	0.
(3) DAVID DANZIG	0.50									
DIRECTOR		Х						0.	0.	0.
(4) DEBI ALBERDI	0.50									
DIRECTOR		Х						0.	0.	0.
(5) GAELYNN THURMAN	2.00									
CHAIR	0.50	Х		Х				0.	0.	0.
(6) JUSTIN MCCLAIN	0.50									_
DIRECTOR		Х						0.	0.	0.
(7) KATHLEEN PREMO	0.50									_
DIRECTOR		Х						0.	0.	0.
(8) KRISTEN MCGETTIGAN	1.00									_
SECRETARY		Х		х				0.	0.	0.
(9) KRISTINA ALSPAW	0.50									•
DIRECTOR		Х						0.	0.	0.
(10) LINDA RENDLEMAN	0.50									•
DIRECTOR	0.50	Х						0.	0.	0.
(11) MARK DAWSON	0.50									•
DIRECTOR	0.50	Х						0.	0.	0.
(12) NICHOLAS MCDEVITT	1.00								0	0
PAST CHAIR	0.50	X		X				0.	0.	0.
(13) PATTI HELTON	0.50								0	0
DIRECTOR	1 00	X						0.	0.	0.
(14) PATTY ROBINSON	1.00								0	0
TREASURER		X		X				0.	0.	0.
(15) RACHEL CARPENTER	0.50								0	0
DIRECTOR		Х				-		0.	0.	0.
(16) RENEE BAKER	0.50								<u>^</u>	0
DIRECTOR (17) SAM HELLER	0.50	Х				-		0.	0.	0.
(17) SAM HELLER DIRECTOR	0.50	x						0.	0.	0.
DIRECTOR	1	Δ			L			0.	υ.	0 •

Form	990 (2018) COMMUNITY	ACTION	í S	то	PS	A	BU	SE	E INC	59-21	.14	359	Page <b>8</b>	
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	(C)					(D)	(E)		(F)			
	Name and title	Average	(do not check more than one				Reportable	Reportable		Estima				
		hours per week					is both pr/trus		compensation	compensation	ו	amount o		
		(list any						,	from the	from related organizations		othe compen:		
		hours for	direc				Ð		organization	(W-2/1099-MIS	I	from		
		related	tee or	ustee			ensate		(W-2/1099-MISC)	,	,	organiz	ation	
		organizations	al trus	nal tri		oyee	e compe					and rel		
		below line)	Individual trustee or director	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiza	itions	
(10)		,	Inc	lns	<del>1</del> 0	Key	e Hi	Бо						
	SHEILA KING	1.00	х		х				0.		0.		0	
	CHAIR TRICIA MANNING	0.50	Λ		<u> </u>		-		0.		0.		0.	
DIRE		0.30	х						0.		0.		0.	
	LARIANA FORSYTHE	54.00	Λ				-		0.		••			
	INTERIM	1.00			х				127,431.		0.	5	081.	
	SUZANNE CALTRIDER-HORN	39.00			<u></u>		+		127,431.		<u>•</u> •	5,	<u>, , , , , , , , , , , , , , , , , , , </u>	
C00		1.00			х				43,850.		0.	1	663.	
	HARRY LINN	38.00					$\vdash$		45,050.		<b>~</b>	, ·		
CFO		2.00			х				101,010.		0.	5.	081.	
													<u></u>	
1b	Sub-total								272,291.		0.	11,	825.	
	Total from continuation sheets to Part VI								0.		0.		0.	
d	Total (add lines 1b and 1c)								272,291.		0.	11,	825.	
2	Total number of individuals (including but ne	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			•	
	compensation from the organization												2	
											I	Yes	s No	
3	Did the organization list any former officer,	,		· ·	·				<b>e</b>				37	
	line 1a? If "Yes," complete Schedule J for su	uch individual		•••••								3	X	
4	For any individual listed on line 1a, is the su												v	
-	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a											-	x	
Sec	rendered to the organization? <i>If</i> "Yes," com ion B. Independent Contractors	plete Schedule	<del>)</del> <i>J t</i> e	or su	ch i	oers	son .					5	<u> </u>	
1	Complete this table for your five highest cor	moonsated ind	000	ndor		ontre	acto	ro th	at received more than ¢	100 000 of comp	oncol	ion from		
•	the organization. Report compensation for t										511541			
	(A)	ine calendar ye			9 10		51 101		(B)			(C)		
	Name and business	address	NC	ONE					Description of s	ervices	С	ompensat	ion	
2	Total number of independent contractors (ir	•	ot lin	nited	l to		-	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)							

Form	1 990	) (2	2018) COMMU	NITY ACT	ION STOPS	S ABUSE INC	2	59-2114	359 Page 9
	rt V								
			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Mounts	1	а	Federated campaigns	1a	68,999.				
ani			Membership dues						
ŋ G			Fundraising events		580,737.				
			Related organizations						
, G nila			Government grants (contributi		2,918,203.				
Sir			All other contributions, gifts, grant	· ·					
her		•	similar amounts not included abov		1,536,236.				
Contributions, Gift and Other Similar		a	Noncash contributions included in lines						
Con		-	Total. Add lines 1a-1f		5,104,175.				
0.0					Business Code	, ,			
•	2	a	PROGRAM FEES		900099	1,344.	1,344.		
Program Service Revenue	2	b				/ -	, -		
Ser		č							
ver ver		d							
gra Re		e							
Pro			All other program service reve	<u></u>					
			Total. Add lines 2a-2f			1,344.			
	3	9	Investment income (including			_ / * *			
	Ŭ		other similar amounts)			151,086.			151,086.
	4		Income from investment of tax						
	5		Royalties		1				
	5		Noyanes	(i) Real	(ii) Personal				
	6	2	Gross rents		(ii) Feisonai				
			Less: rental expenses						
			Rental income or (loss) Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	d	assets other than inventory	1,788,271.					
		h	Less: cost or other basis						
		D	and sales expenses	1,820,688.					
		~	Gain or (loss)						
			Net gain or (loss)	i		-32,417.			-32,417.
			Gross income from fundraising			, -			, -
Other Revenue	Ŭ	u	including \$580						
ver			contributions reported on line						
Re			Part IV, line 18	,	٥.				
her		b	Less: direct expenses						
ō			Net income or (loss) from fund			-187,066.			-187,066.
			Gross income from gaming ac	-					
			Part IV, line 19						
		b	Less: direct expenses						
		с	Net income or (loss) from gam	ing activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а а	758,742.				
		b	Less: cost of goods sold						
		с	Net income or (loss) from sales	s of inventory		0.			
			Miscellaneous Revenue		Business Code				
	11	а							
		b							
		с							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		►	5,037,122.	1,344.	0.	-68,397.

#### Form 990 (2018) COMMUNITY ACTION STOPS ABUSE INC 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 respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	563,741.	563,741.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	22,546.	22,546.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	050 500	1 6 1	01 501	
	persons described in section 4958(c)(3)(B)	252,733.	161,232.	91,501.	000 007
7	Other salaries and wages	1,956,936.	1,622,254.	124,795.	209,887.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			16 006	10 (70
9	Other employee benefits	239,445.	203,530.	16,236.	<u>    19,679</u> .
10	Payroll taxes	236,404.	195,274.	17,850.	23,280.
11	Fees for services (non-employees):				
а	Management			5 546	
	Legal	5,546.	04 400	5,546.	1 000
С	Accounting	28,429.	24,482.	1,957.	1,990.
d	, , , , , , , , , , , , , , , , , , ,	21 426			01 400
е	аран (1997) на селот и селот на селот н	21,426.			21,426.
f	Investment management fees				
g		121 562	107 000	2 0 2 4	
	column (A) amount, list line 11g expenses on Sch 0.)	131,563.	<u>127,292.</u> 647.	3,824. 491.	447.
12	Advertising and promotion	1,138.			
13	Office expenses	133,761.	127,944.	5,817.	
14	Information technology	39,226.	32,102.	7,124.	
15	Royalties	157,748.	147 500	7,446.	2 704
16			147,508.	930.	2,794.
17	Travel	35,689.	34,759.	930.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14,422.	6,668.	7,754.	
19 00	Conferences, conventions, and meetings	148,130.	146,067.	1,472.	591.
20	Interest	140,1JU.	,00/•	1,4/4.	JJI.
21	Payments to affiliates	140,993.	127,329.	10,697.	2,967.
22	Depreciation, depletion, and amortization	71,274.	67,212.	4,062.	4,301
23 24	Insurance Other expenses. Itemize expenses not covered	/1,4/4•	01,414.	=,002.	
24	above. (List miscellaneous expenses not covered 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	THRIFT SHOP EXPENSES	327,420.	327,420.		
a b		294,729.	294,729.		
c		69,138.	57,601.	11,537.	
d		29,473.	29,473.	,,	
	All other expenses	76,142.	50,084.	26,058.	
25	Total functional expenses. Add lines 1 through 24e	4,998,052.	4,369,894.	345,097.	283,061.
26	<b>Joint costs.</b> Complete this line only if the organization	_,,00_	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

#### COMMUNITY ACTION STOPS ABUSE INC

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	362,739.	1	564,076
2	Savings and temporary cash investments	2,709,559.	2	68,924
3	Pledges and grants receivable, net	870,757.	3	776,810
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	6,288,400.	7	6,304,12
8	Inventories for sale or use	52,600.	8	60,80
9	Prepaid expenses and deferred charges	78,599.	9	86,82
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a4,777,555.Less: accumulated depreciation10b3,002,240.			
k	Less: accumulated depreciation       10b       3,002,240.	1,885,824.	10c	1,775,31
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	-521,880.	12	1,930,51
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	24,563.	15	24,60
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,751,161.	16	11,591,98
17	Accounts payable and accrued expenses	1,090,628.	17	331,17
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	4 202 07
23	Secured mortgages and notes payable to unrelated third parties	4,561,950.	23	4,282,97
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	0.	05	1 060 96
	Schedule D	5,652,578.	25	1,069,96 5,684,10
26	Total liabilities. Add lines 17 through 25         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	5,052,570.	26	5,004,10
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	5,377,123.	27	5 186 42
28	Temporarily restricted net assets	721,460.	28	5,186,42 721,46
29		, 22, 1000	29	,, _0
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
	Total net assets or fund balances	6,098,583.	33	5,907,88
33	Total het assets of fund balances			

Form	990 (2018) COMMUNITY ACTION STOPS ABUSE INC	59-2	2114359	Pag	<sub>ge</sub> 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,037		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,998		
3	Revenue less expenses. Subtract line 2 from line 1	3			70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,098		
5	Net unrealized gains (losses) on investments	5	70	),1	40.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-299	9,9	06.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,907	7,8	87.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t		1
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			X	L

Form **990** (2018)

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SCHEDULE A			Dublic Cha	rity Status an		lia Cu	innort		OMB No. 1545-0047	
(Form 990 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2012		
				• •	47(a)(1) nonexempt cha			or a section		2010
		of the Treasury nue Service		Attach to Form 990 or Form 990-EZ.				Open to Public		
				► Go to www.irs.go	/Form990 for instruction	ons and th	ne latest in	nformation.	Frankara	
Nan	ne or	the organizati				<b></b> TN/	-			identification number
Pa	rt I	Reason	for Public (	Charity Status	ON STOPS ABUS All organizations must co		- is nart ) Se	o instruction	<u> </u>	9-2114359
					For lines 1 through 12, c				5.	
1					on of churches described			1)(A)(i)		
2	H			-	Attach Schedule E (Forn		• • •	•,\\~,\\')•		
3	H				anization described in so			ii).		
4	$\square$	•	•		njunction with a hospital				)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	public described in
		-		omplete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		-	-		in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
10		university:	on that normal	lly receives: (1) more	than 33 1/3% of its sup	port from (	contributio	ne memberel	nin fees an	d gross receipts from
10					ct to certain exceptions,					
					(less section 511 tax) fro					
				mplete Part III.)	(			····; ···;	,	
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	v supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		_lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	pically by	giving
			-		gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	ipporting
	_			complete Part IV, Se						
b				-	l or controlled in connect			-		-
			-	it complete Part IV,	anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Dorred
с		_ ~	. ,	•	g organization operated	in connec	tion with	and functional	llv integrate	od with
Ŭ			-		). You must complete I				iy intograte	
d			•		porting organization oper			-	ted organiz	zation(s)
			-	• •	ation generally must sat			• •	Ŭ,	
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-function	nally integrated supportion	ng organiz	ation.			
f		er the number		•						
g		vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organizatior		(1) 2.13	(described on lines 1-10	in your govern Yes	ing document?	support (see in		support (see instructions)
		-			above (see instructions))	163				
Tota	al								/=	<u> </u>

## Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 2

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.)

260	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
2	Tax revenues levied for the organ-								
	ization'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	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
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.						23082856.		
	tion B. Total Support						200020001		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
	Amounts from line 4	4310301.	4157630.	4549084.	4961666.	5104175.	23082856.		
		10100010	110,0000	1010010	19010000	01011/01			
0	dividends, payments received on								
	-								
	securities loans, rents, royalties,	125,710.	130 118	117,217.	128 713	151,086.	652,844.		
~	and income from similar sources	125,710.	130,110.	11/,21/•	120,713.	151,000.	052,044.		
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.)						00000000		
	Total support. Add lines 7 through 10						23735700.		
	Gross receipts from related activities,	•	,			12	800,517.		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	501(c)(3)			
0	organization, check this box and stor	here							
500	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2018 (I		•			14	97.25 %		
	Public support percentage from 2017					15	<u>97.93</u> %		
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo			
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly suppo	orted organization				<b>X</b>		
b	b 33 1/3% support test - 2017. 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 qual	ifies as a publicly s	upported organiza	ation					
17a	10% -facts-and-circumstances test								
	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	<b>b 10% -facts-and-circumstances test - 2017.</b> 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 th	-							
	organization meets the "facts-and-circ								
18	Private foundation. If the organizatio		•	-					
				.,,	,		🟲 💶		

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990 EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 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.)

Se	ction A. Public Support	<u></u>	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.) ction B. Total Support						l
		(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectior	n 501(c)(3) organiza	ation,
		-					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
<b>19</b> a	a 33 1/3% support tests - 2018. If the						7 is not
	more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2017.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

Schedule A (Form 990 or 990-EZ) 2018

## Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

10b

# Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC

I a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
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		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
-	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		l

# Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 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.		

ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	1 1		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

#### Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 **5** Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 Distributable amount for 2018 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 a From 2013 **b** From 2014 **c** From 2015 **d** From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: \$ **a** Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j 7 and 4c. 8 Breakdown of line 7: a Excess from 2014 b Excess from 2015 c Excess from 2016

d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

	(Form 990 or 990-EZ) 2018					
Part VI	Supplemental Inform	nation. Provide th	ne explanation	s required b	y Part II, line	10; Part II, line

art 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.)

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## Schedule B

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

Name of the organization

## Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

Name of the organizati		Employer Identification in						
	COMMUNITY ACTION STOPS ABUSE INC	59-2114359						
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 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 for an *exclusively* set is the set in the parts when 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 for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

**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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

me of organization

Employer identification number

59-2114359

COMMUNITY ACTION STOPS ABUSE INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 265,535. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 728,335. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 278,346. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 159,207. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 237,565. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 759,958. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page
Name of organization	Employer identification number

59-2114359

#### COMMUNITY ACTION STOPS ABUSE INC Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

	3 (Form 990, 990-EZ, or 990-PF) (2018)		Pa				
ame of or	ganization		Employer identification numb				
	NITY ACTION STOPS ABUSE		59-2114359				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entropy charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year. try. For organizations less for the year. (Enter this info. once.) \$				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
 		(e) Transfer of gif	 t				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
—							
F		e) Transfer of gif	fer of gift				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

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SCHEDULE D (Form 990)		Supplementa	al Financial	Statements			OMB No. 1545-0047
		► Complete if the organization answered "Yes" on Form 990,					2018
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.				
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions a	nd the latest information	tion.		Inspection
Nam	e of the organization	on COMMUNITY ACTION ST	TOPS ABUSE	TNC		Emp	loyer identification number 59-2114359
Par	t I Organiza	ations Maintaining Donor Advise			or Acc	oun	
1 41		n answered "Yes" on Form 990, Part IV, lin			// //00	/ouri	
	organization		(a) Donor ad	vised funds	(b	) Fund	ds and other accounts
1	Total number at er	nd of year				,	
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in v		s held in donor advised	d funds	;	
	-	n's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
		oses and not for the benefit of the donor o					
	impermissible priva						Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered	"Yes" on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that app	oly).			
	Preservation	of land for public use (e.g., recreation or e	ducation)	Preservation of a histor	rically i	mport	ant land area
	Protection o	f natural habitat		Preservation of a certif	ied his	toric s	tructure
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation cor	tribution in the form of	f a con	servat	ion easement on the last
	day of the tax year				H		Held at the End of the Tax Year
а	Total number of co	onservation easements			-	2a	
b	•					2b	
С		vation easements on a certified historic stru				2c	
d		vation easements included in (c) acquired a					
-		al Register				2d	
3		vation easements modified, transferred, rel	eased, extinguished,	or terminated by the o	organiza	ation o	during the tax
4	year	 where property subject to conservation eas					
5		tion have a written policy regarding the per	-	ection bandling of			
5	0	orcement of the conservation easements it					Yes No
6	,	r hours devoted to monitoring, inspecting,		and enforcing conse			
Ŭ			nanding of violation.	s, and emercing conse	i valion	00001	nonto during the year
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conservatio	on ease	ement	s during the year
	▶\$	3, 1 3,	3	5			5 ,
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170(h)	(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?					Yes No
9		be how the organization reports conservation					
	include, if applicat	ole, the text of the footnote to the organizat	tion's financial staten	nents that describes th	e orga	nizatio	n's accounting for
	conservation ease	ments.					
Par		ations Maintaining Collections of		Freasures, or Oth	er Si	nilar	Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a		elected, as permitted under SFAS 116 (AS					
		s, or other similar assets held for public exh		r research in furtherand	ce of pu	ublic s	ervice, provide, in Part XIII,
		note to its financial statements that descri					
b	-	elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts						ovide the following amounts
	relating to these ite						<b>、</b>
		ded on Form 990, Part VIII, line 1					<u> </u>
~	. ,			ar agasta far financial a			S
2	-	received or held works of art, historical treat		-	yaın, pr	ovide	
-	-	unts required to be reported under SFAS 1					,
		on Form 990, Part VIII, line 1					<u> </u>
		Form 990, Part X eduction Act Notice, see the Instructions					Schedule D (Form 990) 2018
	apo work h						

832051 10-29-18

		TY ACTION S			<u></u>			14359		ige <b>2</b>
Ра	rt III Organizations Maintaining C								,	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that a	ire a sigr	nificant u	ise of its c	ollection i	tems	
	(check all that apply):									
а	Public exhibition	d		hange progran						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	•		•	•		se in Part	XIII.		
5	During the year, did the organization solicit o							_		,
	to be sold to raise funds rather than to be ma							Yes		No
Ра	rt IV Escrow and Custodial Arran		te if the organizatio	n answered "Y	'es" on F	orm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							-		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7	_	1
	Did the organization include an amount on F					/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete i									
га	rt V Endowment Funds. Complete i							() [		
		(a) Current year	(b) Prior year	(c) Two years		<b>a)</b> Inree y	/ears back	(e) Four		
	Beginning of year balance	50,000.	50,000.	50,	000.		50,000.		50,0	000.
b										
c	3,3,,									
	Grants or scholarships									
е	Other expenditures for facilities	25 000								
	and programs	25,000. 395.								
	Administrative expenses	24,605.	50 000	F.0.	000.		50 000		E0 (	000.
g	End of year balance	,	50,000.	,	000.		50,000.		50,0	000.
2	Provide the estimated percentage of the curr	4		) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho	•								
за	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administere	a for the	organiza	ation	5		
	by:								Yes	No X
	(i) unrelated organizations							3a(i) 3a(ii)	x	<u> </u>
L	(ii) related organizations									X
4								30		<u></u>
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment lunds.							
	Complete if the organization answere		Part IV line 11a S	00 Eorm 000 I	Dart V lir	00.10				
	Description of property	(a) Cost or ot		or other		cumulate		(d) Book	volue	<u> </u>
	Description of property	basis (investm	• • •	(other)	• •	reciation			value	;
4-	Land		,	2,100.	Gopi	Solution		20	,10	0
	Land			3,569.	Q	38,8	18.	1,224		
	Buildings Leasehold improvements			9,118.		10,0		149		
				5,455.		$\frac{10,0}{46,9}$		358		
	Equipment Other			7,313.		<u>10, 5</u>			, 87	
			<u> </u>			~~/ -				15.

Schedule D (Form 990) 2018

#### COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 3 Schedule D (Form 990) 2018 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) (c) Method of valuation: Cost or end-of-year market value (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INTEREST IN NET ASSETS OF FOUNDATION -821,828. COST (B) FIXED INCOME 1,490,460. END-OF-YEAR MARKET VALUE (C) MUTUAL FUNDS 1,261,885. END-OF-YEAR MARKET VALUE (D) (E) (F) (G) (H) 1,930,517. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, 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)

(7) (8)

(5) (6)

(9)

Total. (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) DUE TO RELATED PARTY	1,069,960.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,069,960.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

►

Sche	edule D (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC	59-2114359 <sub>Pag</sub>	e <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 6,002,50	7.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	140.	
b			
с			
d	Other (Describe in Part XIII.) 2d 945,	850.	
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3 4,986,51	7.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а			
b	Other (Describe in Part XIII.) 4b 50,	605.	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 5,037,122	2.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1 5,893,255	5.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		_
е	Add lines <b>2a</b> through <b>2d</b>		
3	Subtract line <b>2e</b> from line <b>1</b>	з 4,947,445	<u>7.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)	605.	_
С	Add lines <b>4a</b> and <b>4b</b>	4c 50,605	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2.
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT THAT WOULD SUPPORT SUSTAINABILITY OF FUTURE

PROGRAM SERVICES PROVIDED BY CASA HELD THROUGH RELATED PRIVATE FOUNDATION.

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS

OF EACH OF THEIR TAX POSITIONS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES

GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA FOR ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE ARE NO UNCERTAIN

TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE CONSOLIDATED

FINANCIAL STATEMENTS.

Schedule D (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC	59-2114359 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	758,742.
DIRECT FUNDRAISING EXPENSES	187,066.
CHANGE IN NET ASSETS OF FOUNDATION	42.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	945,850.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
VOUCHER DISCOUNTS NETTED AGAINST REVENUE ON AUDIT	21,132.
IN-KIND DONATIONS OF CLOTHING/HOUSEHOLD ITEMS	29,473.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	50,605.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED AGAINST SALES	758,742.
DIRECT FUNDRAISING EXPENSES NETTED WITH FUNDRAISING EVENTS	187,066.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	945,808.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
VOUCHER DISCOUNTS NETTED AGAINST REVENUE ON AUDIT	21,132.
IN-KIND DONATIONS OF CLOTHING/HOUSEHOLD ITEMS	29,473.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	50,605.

SCHEDULE G	Suppleme	ental Information Re	garding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if a organization entered more than \$15,000 on Form 990-EZ, line 6a.								2018	
Department of the Treasury		Attach to	Form 990	or Fo	m 99	0-EZ.			Open to Public	
Internal Revenue Service	► Go	o to www.irs.gov/Form99	0 for instru	uction	s and	the latest informati			Inspection	
Name of the organization									ntification number	
		TY ACTION STO						59-2114		
required to	complete this par	Complete if the organiza t. sed funds through any of t					ine 17	. Form 990-EZ	filers are not	
a X Mail solicitat	-					overnment grants				
	email solicitations					nment grants				
c X Phone solici	tations	g 🛽 Ž	Special	fundra	ising e	events				
d 🛛 In-person so	licitations									
2 a Did the organization	on have a written o	or oral agreement with any	individual	(includ	ling of	ficers, directors, trus	tees, c	or		
key employees list	ed in Form 990, P	art VII) or entity in connec	tion with pr	ofessi	onal fu	undraising services?		X Yes	s 🗌 No	
<b>b</b> If "Yes," list the 10 compensated at le	•	viduals or entities (fundrais organization.	sers) pursua	ant to a	agreer	ments under which th	he fund	draiser is to be		
<b>(i)</b> Name and addres or entity (fund		(ii) Activity		(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (or fi	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
STUDIO 4 FORTY LLC	- 440	FARM TO TABLEAUX -		Yes	No					
CRYSTAL SPRINGS RD	, ST.	PLANNING/PRODUCTION	OF	Х		386,561.		21,426.	386,561.	
Total						386,561.		21,426.	386,561.	
	ich the organizatio	on is registered or licensed	to solicit c	ontrib	utions	or has been notified	it is e	xempt from re	gistration	
or licensing.										
FL										

## Schedule G (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FARM TO	PEACE		(add col. (a) through
			TABLEAUX	BREAKFAST	30	col. (c)
n			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	386,561.	166,426.	27,750.	580,737.
۳						
	2	Less: Contributions	386,561.	166,426.	27,750.	580,737.
_	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sec		<b>—</b> . //		2 000		F 200
be	6	Rent/facility costs	2,519.	2,880.		5,399.
Direct Expenses	_			0 070		0.0 471
E	7	Food and beverages	70,501.	9,970.		80,471.
ē	~	Federateleneret				
	-	Entertainment		13,149.		101,196.
	9 10	Other direct expenses		•	<b></b>	187,066.
		Direct expense summary. Add lines 4 through	<b>a</b> 1 ( )		•	-187,066.
	rtl	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		990 Part IV line 19 or r		107,000.
		\$15,000 on Form 990-EZ, line 6a.		1000, 1 art 10, mile 10, of 1	cported more than	
		••••••••••••••••••••••••••••••••••••••		(b) Pull tabs/instant		(d) Total gaming (add
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
	-					
	2	Cash prizes				
Direct Expenses		• • • • • • • • • • • • • • • • • • • •				
per	3	Noncash prizes				
Ě						
E	4	Rent/facility costs				
ā						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	Νο	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	lf "`	Yes," explain:				

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-	2114359	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
of gaming revenue retained by the third party  \$		
c If "Yes," enter name and address of the third party:		
Name		
Address		
16 Gaming manager information:		
Name		
Name		
Gaming manager compensation 🕨 \$		
Description of services provided 🕨		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year 🕨 \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9b	, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
•	_	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	<u>S:</u>	
(I) NAME OF FUNDRAISER: STUDIO 4 FORTY LLC		
(1) NAME OF FONDATIOEA. DIODIO 4 FORTI LLC		
(I) ADDRESS OF FUNDRAISER: 440 CRYSTAL SPRINGS RD, ST. HELENA, C.	A 94574	
(II) ACTIVITY: FARM TO TABLEAUX - PLANNING/PRODUCTION OF EVENT		

Schedule G	i (Form 990 or 990-EZ) Supplemental Infor	COMMUNITY	ACTION	STOPS	ABUSE	INC	59-2114359	Page 4
Part IV	Supplemental Infor	mation (continued)						

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	nd Individual	s in the Ŭni	ted States		2018
Department of the Treasury Internal Revenue Service	-	► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization	ACTION S	TOPS ABUSE	INC				Employer identification number $59-2114359$
Part I General Information on Grants a	Ind Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?	-			-		
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than <b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RELIGIOUS COMMUNITY SERVICES INC 503 SOUTH MLK JR AVENUE CLEARWATER, FL 33756	59-1309186	501(C)(3)	57,541.	0.			PEACEMAKER PROGRAM
VICTORIA'S PLACE ST. PETE., INC. PO BOX 414 ST PETERSBURG, FL 33731	46-5053521	501(C)(3)	506,200.	0.			SERVICES & CONCESSION AGREEMENTS
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>		•	e line 1 table			1	<u>2.</u>

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

#### Schedule I (Form 990) (2018) COMMUNITY ACTION STOPS ABUSE INC

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FUNDS	26	1,414.	0.		
CLOTHING AND HOUSEHOLD ITEMS	328	0.	21,132.	THIRFT STORE VALUE	DONATED ITEMS

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

PART I, LINE 2:

FOR ALL SUBCONTRACTS, THERE ARE REGULAR MEETINGS WITH STAFF PERFORMING

SERVICES, MONTHLY REPORTING OF PERFORMANCE MEASURES AND EXPENDITURES FOR

PEACEMAKER PROGRAMS PART III - ASSISTANCE TO INDIVIDUALS THE ORGANIZATION

ASSISTS ITS CLIENTS WITH CLOTHING VOUCHERS FOR

ITS THRIFT SHOP AND EMERGENCY FUNDS FOR RENT, UTILITIES, LEGAL EXPENSES AND

OTHER NEEDS WHEN NECESSARY

59-2114359 Page 2

	HEDULE M		Nonc	ash Contri	ibutions		OMB No. 1545-0047
(Fo	rm 990)						2018
				answered "Yes" o	n Form 990, Part IV, lines 2	9 or 30.	
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/</li> </ul>		r instructions and	the latest information.		Open to Public Inspection
Name	e of the organization		1 0111330 10			Emplo	yer identification number
	e er une er gamzanet	COMMUNITY AC	TTON S	TOPS ABUSE	TNC	Linpic	59-2114359
Par	tl Types of	Property	IION D	1010 112001	1 100		<u> </u>
			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determining n contribution amounts
1	Art - Works of art						
2		sures					
3		erests					
4		tions					
5		ehold goods	X		788,215.	THRIFT	SHOP VALUES
6		nicles					
7							
8		ty					
9		y traded					
10		/ held stock					
11	Securities - Partner						
12		laneous					
13	Qualified conserva						
	Historic structures						
14		tion contribution - Other					
15		lential					
16		nercial					
17							
18							
19							
20		l supplies					
20							
22							
22							
23 24	Archeological artifa	ns					
		acts					
25 26	Other ► (	)	<u> </u>				
26 27		)					
27 29	Other (	)					
<u>28</u> 20	Other (	)	l zotion during	I the tax year for a			
29		8283 received by the organi					
	for which the organ	nization completed Form 82	os, Part IV, I	Jonee Acknowledg	jement 29		Vec N-
20-	During the week of	d the executive reaction is			autod in Dout I. Bass of the	h 00 th at 2	Yes No
30a					orted in Part I, lines 1 throug		
			_		which isn't required to be us		20c V
		for the entire holding period	·				
		the arrangement in Part II.			f on a nonctanal surface to the second	ionoQ	
31					of any nonstandard contribut	IUNS ?	<u>31 X</u>
32a		tion hire or use third parties		•	· ·		
-							<u>32a X</u>
	If "Yes," describe i						
33		didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,	
	describe in Part II.						
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 990	).	Sc	hedule M (Form 990) 2018:

Schedule M (Form 990) 2018	COMMUNTTY	ACTTON	STOPS	ABUSE	TNC
	CONTIONTIT	ACTION	DICID	AD00D	TINC

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

DocuSign Envelope ID: 0A36C097-8438-401C-AFAE-2C98239061C6

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047				
Name of the organization	COMMUNITY ACTION STOPS ABUSE INC		identification number 114359				
FORM 990, PAR	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS						
CHALLENGING	THE SOCIETAL ACCEPTANCE OF ALL FORMS OF DOMEST	IC VIO	LENCE,				
CASA STANDS U	JP TO SILENCE THROUGH ADVOCACY, PREVENTION, IN	TERVEN	ΓΙΟN,				
AND SUPPORT S	SERVICES. CASA PREVENTION SERVICES INCLUDE COM	MUNITY					
TRAININGS FOR	CORPORATIONS, CIVIC GROUPS, COLLEGES, RELIGI	OUS GRO	DUPS				
AND MORE.							
FORM 990, PA	T III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:					
OUR MISSION:	CHALLENGING THE SOCIETAL ACCEPTANCE OF ALL FO	RMS OF					
DOMESTIC VIO	LENCE, CASA STANDS UP TO SILENCE THROUGH ADVOC	ACY,					
PREVENTION,	INTERVENTION, AND SUPPORT SERVICES. CASA PREVE	NTION					
SERVICES INCI	UDE COMMUNITY TRAININGS FOR CORPORATIONS, CIV	IC GROU	JPS,				
COLLEGES, REI	JIGIOUS GROUPS AND MORE.						
FORM 990, PAR	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:					
FOR CHILDREN	& FAMILIES WHO HAVE BEEN EXPOSED TO DOMESTIC	VIOLEN	CE,				
VICTIM COMPEN	ISATION APPLICATION ASSISTANCE, RAPID REHOUSING	G PROGI	RAM				
REFERRAL, CON	NECTION TO INJUNCTION FOR PROTECTION PROJECT	FLORID	A BAR				
ATTORNEY, ANI	D DOMESTIC VIOLENCE RELOCATION ASSISTANCE.						
<u>IN FY 2018-19</u>	CASA SERVED OVER 500 SURVIVORS THROUGH EMERG	ENCY SI	HELTER ,				
50% OF THOSE	50% OF THOSE BEING CHILDREN. CASA'S NONRESIDENTIAL PROGRAMS SERVED OVER						
2,300 SURVIVO	2,300 SURVIVORS OF DOMESTIC VIOLENCE WITH SUPPORT GROUPS, JUSTICE						
ADVOCACY, SAI	FETY PLANNING, AND MORE. IN FY 2018-19 CASA AD	VOCATE	5				
	R 3,700 CALLS THROUGH OUR 24-HOUR HOTLINE.						
	SERVICES ARE AVAILABLE TO ALL SURVIVORS, REGARDLESS OF RACE, GENDER,						
GENDER IDENTI	TY, PREGNANCY, CITIZENSHIP, RELIGION, NATION	AL ORIO	GIN,				

Schedule O (Form 990 or 990-EZ) (2018)	
Name of the organization COMMUNITY ACTION STOPS ABUSE INC	Employer identification number 59-2114359
AGE, FAMILIAL STATUS, DISABILITY (PHYSICAL OR MENTAL, INCL	UDING HIV
STATUS), MILITARY SERVICE OR AFFILIATION, VETERAN STATUS,	BANKRUPTCY OR
BAD DEBTS, OR GENETIC INFORMATION.	
CASA WORKS COLLECTIVELY TO DEVELOP A COORDINATED COMMUNITY	RESPONSE TO
DOMESTIC VIOLENCE BY COLLABORATING WITH OTHER SERVICE PROV	IDERS, PUBLIC
AGENCIES, PLANNING GROUPS AND FUNDING BODIES TO PROMOTE CO	MMUNITY
EDUCATION, PREVENTION AND AWARENESS ON THE SUBJECT OF DOME	STIC
VIOLENCE. CASA CONDUCTS ONGOING RESEARCH AND EVALUATION IN	I THE AREAS OF
DOMESTIC VIOLENCE TO ENSURE A HIGH QUALITY OF SERVICE TO C	UR PROGRAM
PARTICIPANTS AS DESCRIBED ABOVE.	
FORM 990, PART VI, SECTION B, LINE 11B:	

CASA'S FINANCE COMMITTEE REVIEWS THE 990 PRIOR TO THE ANNUAL BOARD MEETING PRESENTATION. ALL BOARD MEMBERS ARE PROVIDED ACCESS TO A COPY OF THE 990 AT CASA'S ADMINISTRATIVE OFFICE PRIOR TO THE BOARD OF DIRECTOR'S MEETING PRESENTATION.

FORM 990, PART V, LINE 2B:

W-2S ARE FILED UNDER THE NAME OF THE PEO (OASIS OUTSOURCING CONTRACT

VII, INC) AND THE PEO DOES FILE ALL NECESSARY EMPLOYMENT TAX RETURNS.

COUNT FOR 2A IS BASED ON EMPLOYEES INCLUDED ON THE LAST PAYROLL IN

DECEMBER, 2018.

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

ANNUALLY THE BOARD MEMBERS ARE ASKED TO REVIEW AND SIGN THE CONFLICT OF

INTEREST POLICY.

cuSign Envelope ID: 0A36C097-8438-401C-AFAE-2C98239061C6	
Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization COMMUNITY ACTION STOPS ABUSE INC	Employer identification number 59-2114359
FORM 990, PART VI, SECTION B, LINE 15:	· 
LINE 15A - COMMITTEE AND BOARD DISCUSSION AND DECISIONS R	EGARDING
COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE	RESPECTIVE
MEETINGS.	
LINE 15B - COMMITTEE AND BOARD DISCUSSION AND DECISIONS R	EGARDING
COMPENSATION MATTERS ARE DOCUMENTED IN THE MINUTES OF THE	RESPECTIVE
MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST,	BASED ON DOCUMENTS
REQUESTED THEY ARE EITHER SENT ELECTRONICALLY OR REVIEWED	AT CASA'S
ADMINISTRATIVE OFFICE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN UNRESTRICTED NET ASSETS OF CASA FOUNDATION	42.
CASA CHANGE IN NET ASSETS OF RELATED ORGANIZATION,	
VICTORIA'S PLACE	-299,948.
TOTAL TO FORM 990, PART XI, LINE 9	-299,906.
FORM 990, PART XII, LINE 2C	
THE PROCESS FOR THE ORGANIZATION'S SELECTION AND SUPERVIS	ION OF THEIR
INDEPENDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIO	R YEAR.

SCHEDULE R (Form 990)       Related Organizations and Unrelated Partnerships         > Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         > Attach to Form 990.         > Department of the Treasury Internal Revenue Service         > Go to www.irs.gov/Form990 for instructions and the latest information.									
ame of the organization		ON STOPS ABUSE IN				Employer identif 59-2114			
Part I Identification	n of Disregarded Entities. Comple	te if the organization answered "Ye	s" on Form 990, Part IV, line 33	3.					
	(a) ss, and EIN (if applicable) isregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	( <b>d)</b> r Total inco	ome End-of-year		<b>(f)</b> controlling ntity	3	
art II Identification	n of Related Tax-Exempt Organiza	ations. Complete if the organization	n answered "Yes" on Form 990	, Part IV, line 34, I	pecause it had one of	or more related tax-exe	empt		
organizations	s during the tax year.	(b)	(c)	(d)	(e)	(f)		<u></u>	
	(a) , address, and EIN ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	(1) Direct controlling entity	Section scont		
ASA FOUNDATION IN	C _ 45_4485786				501(c)(3))		Yes	1	

ST. PETERSBURG, FL 33731	SUPPORT	FLORIDA	501(C)(3)
VICTORIA'S PLACE ST PETE INC - 46-5053521			
PO BOX 414			
ST. PETERSBURG, FL 33731	SUPPORT	FLORIDA	501(C)(3)

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

Schedule R (Form 990) 2018

LINE 12A, I

LINE 10

Х

Х

PO BOX 387

#### COMMUNITY ACTION STOPS ABUSE INC Schedule R (Form 990) 2018

59-2114359

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

		, jouri									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
										+	
	-										
	1										
	1										
	4										

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	tion b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
									<u> </u>
								<u> </u>	
								<u> </u>	
	1								

## Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
<b>b</b> Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		
C Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	╞
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)			
Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) VICTORIA'S PLACE ST PETE INC	Е	1,069,960.	INTERCOMPANY LOAN
(2) VICTORIA'S PLACE ST PETE INC	L	506,200.	PERFORMANCE OF SERVICES
(3) VICTORIA'S PLACE ST PETE INC	N	0.	SHARING OF FACILITIES
(4) CASA FOUNDATION INC	N	0.	SHARING OF FACILITIES
(5) CASA FOUNDATION INC	0	0.	SHARING OF EMPLOYEES
(6) VICTORIA'S PLACE ST PETE INC	0	0.	SHARING OF EMPLOYEES

## Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC

## 59-2114359 Page 4

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c orgs <b>Yes</b>	rs sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispi tion alloca	n) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2018

# Schedule R (Form 990) 2018 COMMUNITY ACTION STOPS ABUSE INC 59-2114359 Page 5 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. 59-2114359 Page 5

## SCHEDULE R ITEMS N AND O

THE ORGANIZATION SHARES EMPLOYEES, EQUIPMENT AND OTHER ASSETS WITH

COMMUNITY ACTION STOPS ABUSE FOUNDATION, INC. (FOUNDATION) AND

VICTORIA'S PLACE ST PETE, INC. (VICTORIA'S PLACE). THE ORGANIZATION HAS

NOT ASSIGNED A VALUE TO THE SHARED FACILITIES AND EMPLOYEES.

# RECEIVED DEC 1 7 2019

CP211A

June 30, 2019

59-2114359

December 2, 2019

Phone 877-829-5500 FAX 877-792-2864

Notice

Tax period

Notice date

To contact us

Page 1 of 1

**Employer ID number** 



Department of the Treasury Internal Revenue Service Ogden, UT 84201

C A S A PO BOX 414 ST PETERSBURG FL 33731-0414



147693

Important information about your June 30, 2019 Form 990

# We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your	What you need to do					
June 30, 2019 Form 990. Your new due date is May 15, 2020.	File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.					
	Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.					
Additional information	<ul> <li>Visit www.irs.gov/cp211a</li> <li>For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call</li> </ul>					
	<ul> <li>For tax forms, instructions, and publications, visit www.irs.gov/forms-publications, and publications, and publications, visit www.irs.gov/forms-publications, and publications, an</li></ul>					

If you need assistance, please don't hesitate to contact us.

From:	CCH-ReturnNotification@wolterskluwer.com
То:	Mindy Forey
Subject:	2018 Electronic Return Accepted by the IRS
Date:	Wednesday, February 19, 2020 5:42:00 PM

Community Action Stops Abuse Inc,

You are receiving this e-mail on behalf of JAMES MOORE & CO PL.

Your electronically filed Exempt federal income tax return for tax year 2018 has been acknowledged as accepted for processing by the IRS on 02/19/2020.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **5956122020050034be03**. Your Client ID is **510634.1**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

## PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for incoming e-mail traffic. If you need assistance or have a question, please contact the firm preparing this return for you. Thank you.

#### DocuSign Envelope ID: 0A36C097-8438-401C-AFAE-2C98239061C6 CASA Annual Operating Budget July 2020 - June 2021 **OPERATING BUDGET**

OPERATING BUDGET			
	FY 2020/2021 Budget		
	Grant Funded	CASA Cash	TOTAL
Revenue			
Federal Grant Revenue	2,106,768	-	2,106,768
State Grant Revenue	332,510	-	332,510
City/County Grant Revenue	246,557	-	246,557
Local & Foundation Grant Revenue	1,034,670	100,000	1,134,670
Contributions	1,034,070	850,000	850,000
Event Revenue	_	650,000	650,000
	-		
Thrift Sales	-	720,000	720,000
Other Income	-	81,300	81,300
Gifts in Kind		20,000	20,000
TOTAL REVENUE	3,720,505	2,421,300	6,141,805
Expense			
Staffing	2,985,992	1,124,952	4,110,944
Temporary Labor	-	6,000	6,000
Insurance	32,870	75,130	108,000
Contracted Services	15,915	36,425	52,340
IT Support	48,909	23,991	72,900
Security	810	4,010	4,820
Phone & Internet	24,150	27,250	51,400
Utilities	88,607	40,693	129,300
Fuel for Vehicles	4,500	40,093	5,400
			-
Office Supplies	32,956	10,184	43,140
Operating Supplies	68,618	24,220	92,838
Food	40,000	-	40,000
Repairs & Maintenance	63,165	21,545	84,710
Software	-	34,290	34,290
Equipment	1,000	2,000	3,000
Housing Assistance for Participants	150,000	-	150,000
Other Participant Direct Assistance	96,413	-	96,413
Advertising/PR/Promotional	5,000	7,000	12,000
Printing	5,000	5,000	10,000
Direct Mail	-	5,000	5,000
Event Expense		175,000	175,000
•			
Licenses/Taxes	-	3,150	3,150
Postage/Delivery	-	2,500	2,500
Rental/Facilities	-	7,400	7,400
Local Mileage	19,600	3,100	22,700
Conferences & Staff Training	37,000	3,000	40,000
Meetings	-	6,000	6,000
Dues/Subscriptions/Memberships	-	3,000	3,000
FCADV Dues	-	-	-
Staff and Volunteer Recognition	-	1,000	1,000
Bank & Merchant Fees	-	55,000	55,000
Loan Interest	-	352,370	352,370
Uncollectible Pledges	-	15,000	15,000
Misc	-	500	500
Depreciation	-	538,600	538,600
Loan Amortization		147,300	147,300
InKind	-	20,000	20,000
	2 720 505		
TOTAL EXPENSE	3,720,505	2,781,510	6,502,015
		(200,210)	(260,240)
OPERATING NET INCOME	-	(360,210)	(360,210)
Payroll Protection Plan Funds Endowment Contribution	-	442,015	442,015
CHANGE IN NET ASSETS		81,805	81,805

## COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE

# CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019

## COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE TABLE OF CONTENTS JUNE 30, 2019

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors, Community Action Stops Abuse, Inc., and Affiliate:

#### **Report on the Financial Statements**

We have audited the accompanying financial statements of Community Action Stops Abuse, Inc., and Affiliate, which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

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

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

#### Auditors' Responsibility

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

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

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

- 1 -

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 DeLand, FL 32724-4329

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Website: www.jmco.com | Email: info@jmco.com | Member of AGN International with offices in principal cities worldwide

## **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Action Stops Abuse, Inc., and Affiliate as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

## Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position and consolidating statement of activities are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating statement of financial position, consolidating statement of activities, and the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

## Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated September 13, 2019 on our consideration of Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting and compliance.

James Meore : 60., P.L.

Tallahassee, Florida September 13, 2019

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATED STATEMENT OF FINANCIAL POSITION JUNE 30, 2019

#### ASSETS

Current assets	
Cash and cash equivalents	\$ 667,143
Investments	2,752,345
Grants and contracts receivable	491,357
Unconditional promises to give, net of allowance	248,696
Inventory	60,800
Prepaid expenses and other assets	102,542
Total current assets	4,322,883
Property and equipment, net	10,998,829
Notes receivable - new markets tax credit	6,288,400
Other assets	
Unconditional promises to give, long-term portion	36,757
Interest in net assets of the Foundation	24,605
Total other assets	61,362
Total Assets	\$ 21,671,474
LIABILITIES AND NET ASSETS	
Current liabilities	
Accounts payable	\$ 78,540
Accrued expenses and other current liabilities	258,327
Current portion of long-term debt	283,150
Total current liabilities	620,017
Long-term liabilities	
Mortgage note grants	113,801
Mortgage note payable, less current portion and loan costs	3,886,019
Note payable - new markets tax credit, net of loan costs	11,143,750
Total long-term liabilities	15,143,570
Total liabilities	15,763,587
Net assets	
Without donor restrictions	
Investment in property and equipment, net	1,860,509
Undesignated	3,646,205
C C C C C C C C C C C C C C C C C C C	5,506,714
With donor restrictions	
Purpose and time restrictions	401,173
Total net assets	5,907,887
Total Liabilities and Net Assets	\$ 21,671,474
r oran Enabilities and free Associs	ψ 21,0/1,7/4

The accompanying notes to the consolidated financial statements are an integral part of this statement.

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2019

	thout Donor Restictions	ith Donor estrictions	 Total
Revenues			
Grants and contracts	\$ 2,987,202	\$ -	\$ 2,987,202
Thrift store sales	737,609	-	737,609
Fundraising	580,737	-	580,737
Bequests and major gifts	207,072	25,000	232,072
Contributions and donations	284,389	231,560	515,949
In-kind revenue	758,742	-	758,742
Interest income on notes receivable	62,884	-	62,884
Investment gain	125,925	-	125,925
Program income	1,345	-	1,345
Change in net assets of the Foundation	42	-	42
Net assets released from time restrictions	534,762	(534,762)	-
Net assets released from purpose restrictions	42,085	(42,085)	-
Total revenues	 6,322,794	(320,287)	 6,002,507
Expenses			
Program services			
Domestic Violence	4,291,817	-	4,291,817
Thrift stores	1,086,162	-	1,086,162
Total program services	 5,377,979	 -	 5,377,979
Supporting Services	 <u> </u>	 	 · · · · ·
Administrative and general	345,097	-	345,097
Development and fundraising	470,127	-	470,127
Total supporting services	 815,224	 -	 815,224
Total expenses	 6,193,203	 -	 6,193,203
Increase (decrease) in net assets	 129,591	 (320,287)	 (190,696)
Net assets, beginning of year	5,377,123	721,460	6,098,583
Net assets, end of year	\$ 5,506,714	\$ 401,173	\$ 5,907,887

The accompanying notes to the consolidated financial statements are an integral part of this statement.

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2019

		Prog	ram Services		Supporting Services					
	 Domestic Violence	T	nrift Store	 Total Program Services		ninistrative and General		velopment and ndraising	Total Support Services	 Total
Salaries and benefits	\$ 2,290,159	\$	217,519	\$ 2,507,678	\$	253,418	\$	256,889	\$ 510,307	\$ 3,017,985
Services	250,639		23,791	274,430		13,273		72,062	85,335	359,765
Supplies	142,020		6,231	148,251		7,114		93,638	100,752	249,003
Property management	62,795		6,020	68,815		7,101		6,012	13,113	81,928
Interest	366,437		2,513	368,950		1,472		591	2,063	371,013
Utilities	116,342		17,551	133,893		7,469		5,478	12,947	146,840
Equipment management	56,373		3,839	60,212		11,537		9,795	21,332	81,544
Client assistance	296,143		-	296,143		-		-	-	296,143
Travel and vehicle maintenance	35,426		1,082	36,508		930		3,401	4,331	40,839
Employee and volunteer development	28,522		-	28,522		9,952		8,877	18,829	47,351
Other expenses	7,903		19,499	27,402		22,134		10,417	32,551	59,953
Cost of goods sold	-		758,742	758,742		-		-	-	758,742
Total expenses before depreciation	 3,652,759		1,056,787	 4,709,546		334,400		467,160	 801,560	 5,511,106
Depreciation and amortization	639,058		29,375	668,433		10,697		2,967	13,664	682,097
Total functional expenses	\$ 4,291,817	\$	1,086,162	\$ 5,377,979	\$	345,097	\$	470,127	\$ 815,224	\$ 6,193,203

## COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2019

Cash received from grantors and others\$ 5,907,645Cash paid to suppliers and employees(5,111,721)Interest paid(371,013)Cash received from interest and dividends151,086Net cash provided by operating activities\$775,997Cash flows from investing activities\$775,997Cash flows from investing activities(1,793,336)Proceeds from sale of investments1,788,271Purchases of property and equipment(55,687)Net cash used in investing activities(60,752)Cash flows from financing activities(283,150)Net cash used in financing activities(283,150)Net cash used in financing activities(283,150)Increase in cash and cash equivalents232,095Cash and cash equivalents, end of year\$ 667,143Reconciliation of decrease in net assets to net cash provided by operating activities:\$ (100,696)Adjustments to reconcil decrease in net assets to net cash provided by operating activities:682,097Unrealized loss (gin) on investments Increase in grants receivable(111,868)Decrease in inventory(8,200)Increase in inventory(23,985)Increase in inventory(8,200)Increase in inventory(23,985)Increase in inventory(23,985)Increase in inventory(23,985)Increase in inventory(23,985)Increase in inventory(23,985)Increase in accounts payable(23,985)Increase in inventory(23,985)Increase in inventory(2	Cash flows from operating activities		
Interest paid       (371,013)         Cash received from interest and dividends       151,086         Net eash provided by operating activities       575,997         Cash flows from investing activities       (1,793,336)         Purchases of investments       1,788,271         Purchases of property and equipment       (55,687)         Net eash used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Principal payments on long-term debt       (283,150)         Net eash used in financing activities       (283,150)         Increase in cash and cash equivalents       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       \$ 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       Depreciation and amortization         Depreciation and amortization       682,097         Unrealized loss (gain) on investments       (70,140)         Realized loss (gain) on investments       32,417         Increase in contributions receivable       (11,868)         Decrease in nortization       (8,2007)         Unrealized loss (gain) on investments       (23,985)         Increase in intertorevable       (23,985)	Cash received from grantors and others	\$	5,907,645
Cash received from interest and dividends       151,086         Net cash provided by operating activities       \$75,997         Cash flows from investing activities       (1,793,336)         Proceeds from sale of investments       1,788,271         Purchases of property and equipment       (55,687)         Net cash used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Principal payments on long-term debt       (283,150)         Net cash used in financing activities       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       \$667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       Decrease in net assets         Decrease in net assets       \$ (190,696)         Adjustments to reconcile decrease in net assets to net cash provided by operating activities:       8 (2097)         Decrease in net assets       \$ (11,868)         Decrease in contributions receivable       (11,868)         Decrease in contributions receivable       (21,8,85)         Increase in grants receivable       (21,8,85)         Increase in investments       (23,985)         Increase in internotry       (8,2097)         Unrealized loss (gain) on inv	Cash paid to suppliers and employees		(5,111,721)
Net cash provided by operating activities575,997Cash flows from investing activities(1,793,336)Proceeds from sale of investments(1,793,336)Proceeds from sale of investments(55,687)Net cash used in investing activities(60,752)Cash flows from financing activities(283,150)Principal payments on long-term debt(283,150)Net cash used in financing activities(283,150)Increase in cash and cash equivalents232,095Cash and cash equivalents, beginning of year\$ 667,143Reconciliation of decrease in net assets to net cash provided by operating activities:\$ (190,696)Adjustments to reconcile decrease in net assets to net cash provided by operating activities:682,097Decrease in net assets\$ (101,696)Adjustments to reconcile decrease in net assets to net cash provided by operating activities:32,417Increase in grants receivable(111,868)Decrease in contributions receivable205,815Increase in grants receivable(23,985)Increase in accounts payable(2,20,464)Increase in accounts payable22,464Increase in accounts payable22,464Increase in accounts payable38,093Total adjustments766,693	Interest paid		(371,013)
Cash flows from investing activities       (1,793,336)         Purchases of investments       (1,788,271         Purchases of property and equipment       (55,687)         Net cash used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Principal payments on long-term debt       (283,150)         Net cash used in financing activities       (283,150)         Increase in cash and cash equivalents       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       § 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       pepreciation and amortization         Depreciation and amortization       682,097         Unrealized loss (gain) on investments       32,417         Increase in grants receivable       (111,868)         Decrease in not mostments       32,2417         Increase in grants receivable       (205,815)         Increase in inventory       (8,200)         Increase in inventory       (8,200)         Increase in inventory       (8,200)         Increase in ecounts payable       22,464         Increase in accounts payable       22,464         Increase in accounts payable	Cash received from interest and dividends		151,086
Purchases of investments       (1,793,336)         Proceeds from sale of investments       1,788,271         Purchases of property and equipment       (55,687)         Net cash used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Net cash used in financing activities       (283,150)         Increase in cash and cash equivalents       (232,095)         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       § 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       0         Depreciation and amortization       682,097         Unrealized loss on investments       (70,140)         Realized loss on investments       32,417         Increase in grants receivable       (111,868)         Decrease in investments       (23,985)         Increase in inventory       (8,2007)         Unrealized loss on investments       32,417         Increase in inventory       (8,2009)         Increase in inventory       (23,985)         Increase in accounts payable       22,464         Increase in accounts payable       38,093         Total adjustments       766,693	Net cash provided by operating activities		575,997
Proceeds from sale of investments       1,788,271         Purchases of property and equipment       (55,687)         Net cash used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Principal payments on long-term debt       (283,150)         Net cash used in financing activities       (283,150)         Increase in cash and cash equivalents       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       § 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       Depreciation and amortization         Decrease in net assets       \$ (190,696)         Adjustments to reconcile decrease in net assets to net cash provided by operating activities:       682,097         Depreciation and amortization       682,097         Unrealized loss on investments       32,417         Increase in contributions receivable       (111,868)         Decrease in inventory       (8,200)         Increase in prepaid expenses and other current assets       (23,985)         Increase in inventory       (8,200)         Increase in accounts payable       22,464         Increase in accounts payable       38,093         Total adjustments       766,	Cash flows from investing activities		
Purchases of property and equipment Net cash used in investing activities       (55,687) (60,752)         Cash flows from financing activities       (283,150)         Net cash used in financing activities       (283,150)         Increase in cash and cash equivalents       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       \$ 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities:       \$ (190,696)         Adjustments to reconcile decrease in net assets to net cash provided by operating activities:       682,097         Decrease in net assets       \$ (190,696)         Adjustments to reconcile decrease in net assets to net cash provided by operating activities:       682,097         Decrease in grants receivable       (111,868)         Decrease in grants receivable       (205,815         Increase in prepaid expenses and other current assets       (23,985)         Increase in prepaid expenses and other current liabilities       38,093         Total adjustments       38,093			(1,793,336)
Net each used in investing activities       (60,752)         Cash flows from financing activities       (283,150)         Principal payments on long-term debt       (283,150)         Net each used in financing activities       (283,150)         Increase in cash and cash equivalents       232,095         Cash and cash equivalents, beginning of year       435,048         Cash and cash equivalents, end of year       \$ 667,143         Reconciliation of decrease in net assets to net cash provided by operating activities       \$ (190,696)         Adjustments to reconcile decrease in net assets to net cash provided by operating activities:       682,097         Unrealized loss (gain) on investments       (70,140)         Realized loss on investments       32,417         Increase in inventory       (8,200)         Increase in inventory       (8,200)         Increase in prepaid expenses and other current assets       (23,985)         Increase in accounts payable       22,464         Increase in accounts payable       38,093         Total adjustments       766,693			
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Total adjustments 766,693			
Net cash provided by operating activities \$ 575,997	•		
	Net cash provided by operating activities	\$	575,997

The accompanying notes to the consolidated financial statements are an integral part of this statement.

## (1) <u>Summary of Significant Accounting Policies:</u>

The following is a summary of the more significant accounting policies and practices of Community Action Stops Abuse, Inc., and Affiliate (the "Organization"), which affect significant elements of the accompanying consolidated financial statements:

(a) **Organization and Purpose**—Community Action Stops Abuse, Inc. (CASA) is a Florida notfor-profit organization. CASA's mission is to influence our community to stand up to silence through advocacy, empowerment, and social change to prevent and end domestic violence. CASA promotes social change through advocacy, community education, outreach, and support for victims/survivors of Intimate Partner Violence. CASA provides comprehensive services to empower survivors of Intimate Partner Violence and their families with a safe supportive emergency shelter environment; rapid rehousing; a 24-hour crisis hotline; support groups; youth programs; substance abuse advocacy; information and referral programs; justice advocacy; outreach to under-served populations; peacemakers programs to preschools, elementary and middle schools; a very active volunteer program; and a thrift shop. Funding is provided primarily through individual donors; local fundraising activities; federal, state, and local government grants; and a private foundation.

Victoria's Place St. Pete, Inc. (Victoria's Place), a Florida not-for-profit organization was formed to work in conjunction with CASA's mission by constructing a 100-bed emergency shelter for domestic violence survivors. Victoria's Place is consolidated since CASA has both an economic interest in and control of the entity through a majority voting interest in their governing board. All significant inter-company transactions and accounts are eliminated.

Effective January 1, 2012, CASA's board of directors approved formation of Community Action Stops Abuse Foundation, Inc. (the Foundation). CASA has recorded an interest in the net assets of the Foundation, since CASA and the Foundation are deemed to be financially interrelated. Net assets of the Foundation totaled \$24,605 at June 30, 2019.

(b) **Basis of Presentation**—The Organization reports 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. The Organization implemented ASU 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*, during 2018.

<u>Net assets without donor restrictions</u>— Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

<u>Net assets with donor restrictions</u>—Net assets subject to donor-imposed stipulations. Some donorimposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

(c) **Basis of Accounting**—The consolidated financial statements of the Organization have been prepared on the accrual basis of accounting, and accordingly, reflect all significant receivables, payables, and other liabilities.

## (1) <u>Summary of Significant Accounting Policies:</u> (Continued)

(d) **Functional Allocation of Expenses**—The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

(e) **Income Taxes**—Community Action Stops Abuse, Inc. and Victoria's Place St. Pete, Inc. are generally exempt from income taxes under Section 501(c)(3). The Organization files income tax returns in the U.S. Federal jurisdiction. The Organization's income tax returns for the past three years are subject to examination by tax authorities and may change upon examination.

The Organization has reviewed and evaluated the relevant technical merits of each of their tax positions in accordance with accounting principles generally accepted in the United States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions that would have a material impact on the consolidated financial statements.

(f) **Use of Estimates**—The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(g) **Cash and Cash Equivalents**—For the purpose of reporting cash flows, cash and cash equivalents include cash on hand, amounts in demand deposits and short-term investments with an original maturity of ninety days or less.

(h) **Grants and Contracts Receivable**—Grants and contracts receivables are stated at the amount management expects to collect from balances outstanding at year-end and are primarily due from Federal and State governmental agencies. Based on management's assessment of the credit history with parties having outstanding balances and current relationships with them, it has concluded that realization losses on balances outstanding at year-end will be immaterial.

(i) **Contributions**—The Organization accounts for contributions in accordance with generally accepted accounting principles. Accordingly, contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence or nature of any donor restrictions. Contributions that are restricted by the donor are reported as an increase in net assets with donor restrictions.

Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed using risk-free interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. Conditional promises to give are not included as support until the conditions are substantially met. Contributed property and equipment is recorded at fair value at the date of donation.

## (1) <u>Summary of Significant Accounting Policies:</u> (Continued)

(j) **Property and Equipment**—Property and equipment acquired by the Organization is considered to be owned by the Organization. However, funding sources may maintain an equitable interest in the items purchased with grant monies as well as the right to determine the use of any proceeds from the sale of these assets. The State of Florida has a reversionary interest in those assets purchased with its funds which have a cost of \$1,000 or more and an estimated useful life of at least one year. The Federal Government has a reversionary interest in those assets purchased with its funds which have a cost of \$5,000 or more and an estimated useful life of at least one year.

Property and equipment with a value greater than \$1,000 and an estimated useful life of at least one year is recorded at cost when purchased or at estimated fair value when contributed. If a donor stipulates how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed using the straight-line method over the estimated useful life of the assets, ranging from three to thirty-nine years.

(k) **Inventory**—Inventory consists of donated clothes and miscellaneous household items. Inventory is stated at fair value when contributed.

(1) **Notes Receivable**—Notes receivable are reported at their outstanding principal balance. Notes receivable are considered by management to be fully collectible and, accordingly, no allowance for doubtful accounts is considered necessary. In making that determination, management evaluated the financial condition of the borrowers, the estimated value of the underlying collateral, and current economic conditions.

(m) Accrued Leave—The Organization may compensate its employees for up to 80 hours of their unused paid time off balance upon termination of employment at 50% of their hourly rate. The amount of the change in accrued leave for all employees from one year to the next is reported as an expense during the current year.

(n) **Revenue Recognition**—The Organization receives all of its grant and contract revenue from Federal, State and local agencies. The Organization recognizes contract revenue (up to the contract ceiling) from its contracts over a period which represents the service period for certain contracts, or to the extent of expenses. Revenue recognition depends on the contract.

(o) **Subsequent Events**—The Organization has evaluated events and transactions for potential recognition or disclosure in the consolidated financial statements through September 13, 2019, the date the financial statements were available to be issued. No subsequent events have been recognized or disclosed.

## (1) <u>Summary of Significant Accounting Policies:</u> (Continued)

(p) **Recently Issued Accounting Pronouncements**—The Financial Accounting Standards Board (FASB) has issued several pronouncements that have effective dates that may impact future financial statements. Listed below are pronouncements with the required implementation dates effective for subsequent fiscal years that have not yet been implemented. Management has not currently determined what, if any, impact implementation of the following will have on the Organization's consolidated financial statements.

In May 2014, the FASB issued Accounting Standards Update 2014-09: *Revenue from Contracts with Customers*, to clarify the principles used to recognize revenue for all entities. The new standard (as amended) is effective for fiscal years beginning after December 15, 2018 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

In February 2016, the FASB issued Accounting Standards Update 2016-02: *Leases (Topic 842)*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the consolidated statement of financial position and disclosing key information about leasing arrangements. The new standard is effective for fiscal years beginning after December 15, 2019 and may be adopted early. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

In June 2018, the FASB issued Accounting Standards Update 2018-08: Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made, to clarify whether a transaction should be considered a contribution or an exchange transaction and to determine whether a contribution is conditional. The new standard is effective for fiscal years beginning after December 15, 2018 and may be adopted earlier. The Organization is currently evaluating the effect that implementation of the new standard will have on its consolidated financial position, results of operations, and cash flows.

## (2) Concentrations of Credit Risk:

(a) **Demand Deposits**—The Organization has demand deposits with one financial institution. The Organization has no policy requiring collateral or other security to support its deposits, although all demand and time deposits with financial institutions are insured up to FDIC limits. At times, such deposits may be in excess of FDIC limits.

(b) **Grants and Contracts Receivable**—The Organization's grants and contracts receivable are for amounts due under contracts with local governments, the State of Florida and Federal government agencies. The Organization has no policy requiring collateral or other security to support its receivables.

## (2) Concentrations of Credit Risk: (Continued)

(c) **Financial Instruments**—Financial instruments that potentially subject the Organization to concentrations of credit risk include investments. The investments are held in a high quality institution with a high credit rating.

(d) **Notes Receivable**—The Organization's notes receivable are amounts due with corporations. The Organization has a policy of requiring collateral to support the notes receivable.

## (3) <u>Contingencies:</u>

Amounts received or receivable from grantor agencies are subject to audit and adjustment by grantor agencies, principally the Federal government and the State of Florida. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time although the Organization expects such amounts, if any, to be immaterial.

During the years ended June 30, 2015 and 2014, the Organization received a total of \$2,370,364 and \$129,636, respectively, totaling \$2.5 million, from the State of Florida Department of Children and Families through a Fixed Capital Outlay Grants and Aids for the purchase and construction of the 100bed emergency shelter. Under the terms of this program, the Organization must use the facility as a domestic violence shelter for 20 years. The funder may require repayment of the grant if the Organization does not use the property for its intended use during the specified time. It is the intent of the Organization to maintain and use the shelter for the entire 20-year period.

During the year ended June 30, 2017, the Organization received a total of \$287,830 from Pinellas County through the Community Development Block Grant Program (CDBG) for the purchase and installation of solar panels at the 100-bed emergency shelter. Under the terms of this program, the Organization must maintain the shelter and benefit area residents, and 51% of the households benefiting from services shall be households whose annual incomes do not exceed 80% of the median family income for the area, as determined and made available by U.S. Department of Housing and Urban Development, for 13 years. The funder may require repayment of the grant if the Organization does not use the property for its intended use during the specified time. It is the intent of the Organization to maintain and use the shelter for the entire 13-year period.

## (4) Matching Requirements:

The Organization received a portion of its support through grants and contracts. Certain grants and contracts require the Organization to provide specified amounts of matching revenue. Each contract, where applicable, has met all matching requirements. Also, for each contract that ended on or before June 30, 2019, no obligation remains outstanding to the funding source.

## (5) **Employee Leasing Company:**

The Organization utilizes the services of an employee leasing service for staffing purposes. The employee leasing service provides employee benefits, including life insurance and 401(k) plan participation. All expenses associated with the services provided by the employee leasing service are shown as personnel expense on the consolidated statement of functional expenses.

#### (6) **<u>Property and Equipment:</u>**

Property and equipment consists of the following as of June 30, 2019:

Land	\$ 932,100
Building and improvements	11,631,683
Leasehold improvements	1,557,618
Vehicles	117,313
Furniture and equipment	1,243,625
	15,482,339
Less: Accumulated depreciation	 4,483,510
Net property and equipment	\$ 10,998,829

Depreciation expense for the year ended June 30, 2019 was \$534,800.

## (7) Notes Receivable:

Notes receivable consists of the following at June 30, 2019:

1.00% interest bearing note receivable due from Florida NMTC Investment Fund, LLC, to be repaid by quarterly payments of principal and interest in an amount necessary to fully amortize the outstanding principal amount of the loan for the period of July 1, 2021 through April 10, 2043. Interest is payable quarterly through June 30, 2021. Secured by first interest in pledged securities.	\$ 2,263,400
1.00% interest bearing note receivable due from Stonehenge Florida NMTC Investment Fund III, LLC, to be repaid by quarterly payments of principal and interest in an amount necessary to fully amortize the outstanding principal amount of the loan for the period of July 1, 2021 through April 10, 2043. Interest is payable quarterly through June 30,	
2021. Secured by first interest in pledged securities.	4,025,000
	 6,288,400
Less: current portion of notes receivable	 -
Notes receivable, less current portion	\$ 6,288,400

Interest revenue for the related notes receivable totaled \$62,884 for the year ended June 30, 2019, and is recognized in the consolidated statement of activities.

## (8) **<u>In-Kind Support:</u>**

The Organization receives donations of various types of household items to sell in its thrift store. The value of this in-kind support is based upon the fair value of the donated items. In-kind revenue related to these donations totaled \$758,742 for the year ended June 30, 2019, and is recognized as thrift stores revenue in the consolidated statement of activities and as cost of goods sold in the consolidated statement of functional expenses.

#### (9) Long-term Debt:

Long-term debt consisted of the following at June 30, 2019:

	Principal Amount
<ul> <li>3.45% note payable to financial institution, payable in monthly principal installments of \$23,596 plus interest, maturing March 31, 2021, subject to certain financial covenants and secured by real estate, capital campaign pledges, and \$1.5 million of investments.</li> <li>Mortgage note payable for funds received pursuant to a Community Development Block Grant from City of St. Petersburg. Compliance with all provisions set forth in the note shall defer payment of the principal amount through December 31, 2021, at which time all sums due and payable shall be forgiven. Interest will not accrue while</li> </ul>	\$ 4,176,467
payment of the principal is deferred. Secured by real estate.	113,801
1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$63,663 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other	
miscellaneous assets of the organization. 1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$61,214 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other	4,762,500
<ul> <li>secured by property and equipment, inventory, receivables, and other miscellaneous assets of the organization.</li> <li>1.93% note payable to Florida Community New Markets Fund XIV, LLC, payable in interest only payments through October 1, 2021, payments of principal and interest in the amount of \$27,913 will be payable quarterly beginning on July 1, 2021 through October 1, 2044. Secured by property and equipment, inventory, receivables, and other miscellaneous assets of the organization.</li> </ul>	4,579,327
	2,088,173
	15,720,268
Less: Current portion	283,150
Less: unamortized loan origination fees	293,548
Long-term debt, less current portion	\$ 15,143,570

#### (9) Long-term Debt: (Continued)

Principal maturities of long-term debt for each of the next five years:

Year ending June 30,	 Principal	Fo	Forgiveness		Total
2020	\$ 283,150	\$	-	\$	283,150
2021	3,991,016		-		3,991,016
2022	395,528		113,801		509,329
2023	403,209		-		403,209
2024	411,040		-		411,040
Thereafter	10,122,524		-		10,122,524
Total	\$ 15,606,467	\$	113,801	\$	15,720,268

The Community Development Block Grant was used to renovate certain facilities. If the programs associated with the grant are terminated prior to the maturity date, the entire principal balance shall become immediately due and payable. In addition, the lender will be entitled to recover the fair market value of the respective property, less any principal amount and any portion of the value of the property attributable to non-Community Development Block Grant funds expended for acquisition, improvements, or renovations of the respective properties.

The mortgage note payable subject to certain covenants with which Community Action Stops Abuse, Inc., and Affiliate must comply includes meeting a minimum annual debt service coverage ratio. As of June 30, 2019, the Organization has complied with this covenant and as such, is considered to be in compliance with their agreement with the financial institution.

#### New Market Tax Credit Program:

During the year ended June 30, 2014, CASA completed a \$12 million transaction (Transaction) under Federal and State of Florida New Markets Tax Credit Programs (Program) with Florida Community New Markets Fund, FCLF Florida NMTC Investment Fund, and Stonehenge Florida NMTC Investment Fund and their affiliates. As part of the transaction, CASA was required to create a new affiliated entity, Victoria's Place St. Pete, Inc. (Victoria's Place). Victoria's Place used the proceeds to construct a new 100-bed emergency shelter for survivors of domestic violence (the Shelter) pursuant to and in accordance with the Concession and Service Agreements between Victoria's Place and CASA. The Transaction includes a net subsidy to the Organization of \$5,141,600, which represents the amount of long-term debt expected to be extinguished and forgiven at the conclusion of the transaction as detailed below:

Notes payable – new markets tax credit	\$	11,430,000
Notes receivable – new markets tax credit	_	(6,288,400)
Net subsidy	\$	5,141,600

The subsidy is intended to cover fees and costs related to the Organization's continued participation in the program in accordance with the Concession and Service Agreement.

#### (9) Long-term Debt: (Continued)

#### New Market Tax Credit Program: (continued)

The Transaction includes the following agreements:

Federal Investment Fund: Investment Fund Put and Call Agreement. U.S. Bancorp Community Development Corporation (USBCDC) can elect to have the Organization purchase USBCDC's investment in the Transaction at a purchase price equal to the sum of (1) \$1,000; (2) taxes and closing costs; (3) any amounts due from Victoria's Place; (4) accrued and unpaid annual management fee (Put Option). In the event that USBCDC has not exercised the Put Option, the Organization can elect to purchase USBCDC's investment in the Transaction (The Call Option). The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of USBCDC's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by USBCDC and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the put option price.

State Investment Fund 1: State Investment Fund Call Agreement (State Fund 1). The Organization can elect to purchase FCLF Florida NMTC Investment Fund's investment in the Transaction. The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of FCLF Florida NMTC Investment Fund's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by FCLF Florida NMTC Investment Fund and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the aggregate amount of principal and interest due and owing by FCLF Florida NMTC Investment Fund on the loan receivable as of the call closing date.

State Investment Fund 2: State Investment Fund Call Agreement (State Fund 2). The Organization can elect to purchase Florida Community New Markets Fund XIV investment in the Transaction. The Organization can exercise the Call Option on the 180th day following the seventh anniversary of the Transaction. The purchase price of Florida Community New Markets Fund XIV's interest shall be an amount equal to the greater of (1) the fair market value of the interest as agreed to by Florida Community New Markets Fund XIV and the Organization or, if an amount cannot be agreed upon, the price shall be determined by an independent appraiser; and (2) the aggregate amount of principal and interest due and owing by Florida Community New Markets Fund XIV on the loan receivable as of the call closing date.

#### (10) Net Assets with donor restrictions:

Net assets with donor restrictions consist of the following at June 30, 2019:

	July 1, 2018		Additions		Releases		June 30, 2019	
Unconditional promises to give	\$	535,321	\$	192,160	\$	(523,494)	\$	203,987
Land leases		120,651		-		(11, 268)		109,383
United Way		32,995		-		(32,995)		-
Thrift store		-		25,000		-		25,000
Outreach		6,500		_		-		6,500
Youth programs		6,933		9,600		(2,255)		14,278
Shelter programs		19,060		29,800		(6,835)		42,025
Total	\$	721,460	\$	256,560	\$	(576,847)	\$	401,173

## (11) Unconditional Promises to Give:

Unconditional promises to give consist of cash contributions receivable and contributed use of land. The Organization had unconditional promises to give representing the following at June 30, 2019:

Contributed use of land	\$ 109,383
Special events	168,287
Sunshine and Hope Campaign	 35,700
	313,370
Less allowance for doubtful accounts	 27,917
Total	\$ 285,453

Unconditional promises to give due in more than one year are scheduled to be received as follows at June 30, 2019:

Less than one year	\$ 183,995
One to five years	74,086
Thereafter	91,131
	349,212
Less:	
Unamortized discount	879
Allowance for doubtful accounts	27,917
Unamortized rent contributions	34,963
	285,453
Less current portion	(248,696)
-	\$ 36,757

Contributions receivable due from trustees, staff, and board members total approximately \$13,700 for the year ended June 30, 2019.

## (12) Significant Funding Source:

The Organization receives a substantial amount of its funding from the U.S. Department of Justice passed through State of Florida, Office of the Attorney General and The Juvenile Welfare Board of Pinellas County. Revenues from these funding agencies for the year ended June 30, 2019, represented approximately 27% of total revenues. A significant reduction in the level of this funding, if this were to occur, could have an adverse effect on the Organization's programs and activities.

## (13) Liquidity and Availability:

Financial assets available for general expenditure, that is, without donor restrictions or internally board designations limiting their use, within one year of the statement of financial position date, comprise the following:

Cash and cash equivalents	\$ 667,143
Investments	2,752,345
Grants and contracts receivable	491,357
Unconditional promises to give, net of	
allowance	248,696
Financial assets available to meet cash needs	 
for general expenditures	\$ 4,159,541
Less those unavailable for general expenditures within one year due to donor imposed	
restrictions	(401,173)
Less investments subject to financial covenants	(1,500,000)
Financial assets available to meet cash needs for general expenditures	\$ 2,258,368

The Organization is supported in part by donor restricted contributions. Because a donor's restriction requires resources to be used in a particular manner or in a future period, the Organization must maintain sufficient resources to meet those responsibilities to its donors. Thus, financial assets may not be available for general expenditure within one year.

## (14) Investments:

The Organization's investments at June 30, 2019, consist of marketable securities recorded at fair market value as summarized below:

				Ur	nre alize d
	Cost	]	Fair Value	Ga	in (Loss)
Fixed Income	\$ 1,521,216	\$	1,490,460	\$	(30,756)
Mutual funds					
Equities	1,033,375		1,070,159		36,784
Alternative Strategies	121,516		122,086		570
Real estate investments	65,452		69,640		4,188
	\$ 2,741,559	\$	2,752,345	\$	10,786

## (14) **Investments:** (Continued)

The following schedule summarizes the investment return in the Statement of Activities for the year ended June 30, 2019:

Interest and dividend income	\$ 88,202
Realized loss	(32,417)
Change in unrealized gain	 70,140
Total	\$ 125,925

Investments in marketable securities with readily determinable fair values are reported at fair values in the consolidated statement of financial position. Unrealized gains and losses are included in net assets.

#### (15) Fair Value Measurements:

The Organization adopted the provisions of FASB ASC 820-10 which provides a framework for measuring fair value under generally accepted accounting principles. These standards define fair value, provide guidance for measuring fair value and require certain disclosures. These standards do not require any new fair value measurements, but rather apply to all other accounting pronouncements that require or permit fair value measurements. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The following is a brief description of the three levels within the fair value hierarchy that prioritize the inputs to valuation techniques:

- Level 1: Observable inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: Inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets and quoted prices for identical or similar assets or liabilities that are not active. Such inputs may include interest rates and yield curves, volatilities, prepayment speeds, credit risks, and default rates.
- Level 3: Unobservable inputs to measure fair value of assets and liabilities for which there is little, if any market activity at the measurement date, using reasonable inputs and assumptions based upon the best information at the time, to the extent that inputs are available without undue cost and effort.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2019.

*Mutual funds*- Valued at quoted market prices.

## (15) Fair Value Measurements: (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following is a summary of the valuation as of June 30, 2019, for the Organization's investments based upon the three levels defined above:

	Fa	ir Value	Quoted Prices (Level 1)	Obs Ir	nificant ervable aputs evel 2)	Unobs Inj	ficant ervable puts vel 3)
Investments:							
Fixed Income	\$	1,490,460	\$ 1,490,460	\$	-	\$	-
Mutual Funds:							
Equities		1,070,159	1,070,159		-		-
Alternative Strategies		122,086	122,086		-		-
Real estate investments		69,640	69,640		-		-
Total investments at fair value	\$	2,752,345	\$ 2,752,345	\$	-	\$	-

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2019

Federal Grantor/Pass Through Grantor/ Program Title	Federal CFDA Number	Contract Number	Pass-Through to Subrecipients	Expenditures
FEDERAL AWARDS				
U.S. Department of Agriculture				
Child and Adult Care Food Program	10.558	H-4807	\$ -	\$ 44,310
Total U.S. Department of Agriculture				44,310
U.S. Department of Housing and Urban Development				
Continuum of Care Program	14.267	FL0447L4H021604	-	114,103
Continuum of Care Program	14.267	FL0447L4H021705		151,432
				265,535
Passed through City of St. Petersburg, Florida Community Development Block Grants/Entitlement Grants	14.218	B-18-MC-12-0017		15,179
Passed through Pinellas County	14.218	B-18-INC-12-0017	-	13,179
Community Development Block Grants/Entitlement Grants	14.218	CD18CASA (B-18-UC-12-0005)		17,498
Total Community Development Block Grants - Entitlement Grants Cluster				32,677
Passed through City of St. Petersburg, Florida				
Emergency Solutions Grant Program	14.231	E-18-MC-12-0017		15,515
Total U.S. Department of Housing and Urban Development				313,727
U.S. Department of Justice				
Passed Through Pinellas County				
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program Passed Through Florida Coalition Against Domestic Violence, Inc.	16.590	2018-WE-AX-0016		11,637
Violence Against Women Formula Grants	16.588	Basic Needs Supplemental to 19-2206-DVS	-	3,412
Violence Against Women Formula Grants	16.588	Participant Program Needs Supplemental to 19-2206-DVS		1,812
				5,224
Crime Victim Assistance	16.575	19-2206-IFP-LEGAL-VOCA	-	57,464
Crime Victim Assistance	16.575	18-2206-CPI VOCA	-	17,485
Crime Victim Assistance	16.575	19-2206-CPI VOCA	-	39,464
Passed Through State of Florida, Office of the Attorney General				
Crime Victim Assistance	16.575	VOCA-2017-Community Action Stops Ab-00306	-	245,027
Crime Victim Assistance	16.575	VOCA-2018-Community Action Stops Ab-00007	-	483,308
			-	842,748
Total U.S. Department of Justice				859,609
U.S. Department of Health and Human Services				
Passed Through Florida Coalition Against Domestic Violence, Inc.				
Temporary Assistance for Needy Families	93.558	19-2206-DVS	-	154,069
Temporary Assistance for Needy Families	93.558	Basic Needs Supplemental to 19-2206-DVS	-	4,640
Total TANF Cluster			\$ -	\$ 158,709

The accompanying notes to Schedule of Expenditures of

Federal Awards is an integral part of this schedule.

## COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS JUNE 30, 2019

# (1) **Basis of Presentation:**

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the Federal awards activity of Community Action Stops Abuse, Inc., and Affiliate under programs of the federal government for the year ended June 30, 2019, in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Community Action Stops Abuse, Inc., and Affiliate it is not intended to and does not present the financial position, changes in net assets, or cash flows of Community Action Stops Abuse, Inc., and Affiliate.

## (2) <u>Summary of Significant Accounting Policies:</u>

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

## (3) <u>De Minimis Indirect Cost Rate Election:</u>

Community Action Stops Abuse, Inc., and Affiliate has elected not to use the 10 percent de minimis indirect cost rate as allowed under Uniform Guidance.



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

To the Board of Directors, Community Action Stops Abuse, Inc., and Affiliate:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Community Action Stops Abuse, Inc., and Affiliate, which comprise the consolidated statement of financial position as of June 30, 2019, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated September 13, 2019.

#### **Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Community Action Stops Abuse, Inc., and Affiliate's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Stops Abuse, Inc., and Affiliate's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Stops Abuse, Inc., and Affiliate's internal control.

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

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

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## **Compliance and Other Matters**

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

#### **Purpose of this Report**

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

James Meore : 60., P.L.

Tallahassee, Florida September 13, 2019



## INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

To the Board of Directors, Community Action Stops Abuse, Inc., and Affiliate:

#### **Report on Compliance for Each Major Federal Program**

We have audited Community Action Stops Abuse, Inc., and Affiliate's compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement, that could have a direct and material effect on each of Community Action Stops Abuse, Inc., and Affiliate's major federal programs for the year ended June 30, 2019.Community Action Stops Abuse, Inc., and Affiliate's major federal programs are identified in the accompanying schedule of findings and questioned costs.

#### Management's Responsibility

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

#### Auditors' Responsibility

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

We believe that our audit provides a reasonable basis for our opinion on compliance for each major Federal program. However, our audit does not provide a legal determination Community Action Stops Abuse, Inc., and Affiliate's compliance.

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## **Opinion on Each Major Federal Program**

In our opinion, Community Action Stops Abuse, Inc., , and Affiliate complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major Federal programs for the year ended June 30, 2019.

#### **Report on Internal Control Over Compliance**

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

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

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

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

James Meore : 60., P.L.

Tallahassee, Florida September 13, 2019

#### COMMUNITY ACTION STOPS ABUSE, INC., AND AFFILIATE SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2019

## I. Summary of Auditors' Results:

#### Financial Statements

Type of audit report issued on the financial statements:		Unmodified
Internal control over financial reporting:		
• Material weakness(es) identified?	yes	<u>X</u> no
• Significant deficiencies identified?	yes	X none reported
Noncompliance material to financial statements noted?	yes	<u>X</u> no
Federal Awards		
Internal control over major Federal programs:		
• Material weakness(es) identified?	yes	<u>X</u> no
• Significant deficiency(ies) identified?	yes	X none reported
Types of auditor's report issued on compliance for major Feder	al programs:	Unmodified
Any audit findings that are required to be reported in accordance with section 2 CFR200.516(a)?	yes	<u>X</u> no

Identification of major programs:

Federal Program	Federal CFDA Number
Crime Victim Assistance	16.575
Dollar threshold used to distinguish between type A and type B program:	\$ 750,000
Auditee qualified as low risk auditee?	yes <u>X</u> no

## II. Financial Statement Findings: None

## III. Federal Award Findings and Questioned Costs: None

**IV.** Summary of Prior Year Audit Findings - Federal Awards: There were no findings for the year ended June 30, 2018.

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATING STATEMENT OF FINANCIAL POSITION JUNE 30, 2019

	munity Action os Abuse, Inc.	ctoria's Place st. Pete, Inc.	ŀ	Eliminations	C	onsolidated Totals
ASSETS						
Current assets						
Cash and cash equivalents	\$ 633,000	\$ 34,143	\$	-	\$	667,143
Investments	2,752,345	-		-		2,752,345
Grants receivable	491,357	-		-		491,357
Contributions receivable, net of allowance	248,696	-		-		248,696
Inventory	60,800	-		-		60,800
Due from related party	-	1,069,960		(1,069,960)		-
Prepaid expenses and other current assets Total current assets	 102,542 4,288,740	 1,104,103		(1,069,960)		102,542 4,322,883
Total current assets	 4,288,740	 1,104,105		(1,009,900)		4,322,883
Property and equipment, net	 1,775,315	 9,223,514		-		10,998,829
Notes receivable - new markets tax credit	 6,288,400	 -		-		6,288,400
Other assets						
Contributions receivable, long-term portion	36,757	-		-		36,757
Interest in net assets of Victoria's Place St. Pete, Inc.	(821,828)	-		821,828		-
Interest in net assets of the Foundation	 24,605	 -		-		24,605
Total other assets	(760,466)	 -		821,828		61,362
Total Assets	\$ 11,591,989	\$ 10,327,617	\$	(248,132)	\$	21,671,474
LIABILITIES AND NET ASSETS						
Current liabilities						
Accounts payable	\$ 78,540	\$ -	\$	-	\$	78,540
Accrued expenses and other current liabilities	252,632	5,695		-		258,327
Current portion of long-term debt	283,150	-		-		283,150
Due to related party	 1,069,960	 -		(1,069,960)		-
Total current liabilities	 1,684,282	 5,695		(1,069,960)		620,017
Long-term liabilities						
Mortgage note grants	113,801	-		-		113,801
Mortgage note payable, net of current maturities and loan costs	3,886,019	-		-		3,886,019
Note payable - new markets tax credit, net of loan costs	 -	 11,143,750		-		11,143,750
Total long-term liabilities	3,999,820	11,143,750		-		15,143,570
Total liabilities	 5,684,102	 11,149,445		(1,069,960)		15,763,587
Net assets						
Without donor restrictions	5,506,714	(821,828)		821,828		5,506,714
With donor restrictions	401,173	-		-		401,173
Total net assets	 5,907,887	 (821,828)		821,828		5,907,887
Total Liabilities and Net Assets	\$ 11,591,989	\$ 10,327,617	\$	(248,132)	\$	21,671,474

#### COMMUNITY ACTION STOPS ABUSE, INC. AND AFFILIATE CONSOLIDATING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2019

	munity Action os Abuse, Inc.	toria's Place . Pete, Inc.	El	iminations	С	onsolidated Totals
Revenues						
Grants	\$ 2,987,202	\$ -	\$	-	\$	2,987,202
Thrift store sales	737,609	-		-		737,609
Fundraising	580,737	-		-		580,737
Bequests and major gifts	232,072	-		-		232,072
Contributions and donations	515,949	-		-		515,949
In-kind revenue	758,742	-		-		758,742
Interest income	62,884	-		-		62,884
Investment gain	125,925	-		-		125,925
Program income	1,345	-		-		1,345
Change in net assets of the Foundation	42	-		-		42
Other income	-	1,200		(1,200)		-
Management fees	-	505,000		(505,000)		-
Total revenues	 6,002,507	 506,200		(506,200)		6,002,507
Expenses						
Domestic Violence	3,991,869	806,148		(506, 200)		4,291,817
Thrift stores	1,086,162	-		-		1,086,162
Supporting services						
Administrative and general	345,097	-		-		345,097
Development and Fundraising	470,127	-		-		470,127
Total expenses	 5,893,255	 806,148		(506,200)		6,193,203
Change in net assets of Victoria's Place St. Pete, Inc.	(299,948)	-		299,948		-
	 (299,948)	 -		299,948		-
Change in net assets	 (190,696)	 (299,948)		299,948		(190,696)
Net assets, beginning of year	6,098,583	(521,880)		521,880		6,098,583
Net assets, end of year	\$ 5,907,887	\$ (821,828)	\$	821,828	\$	5,907,887



BILL TO Casa 1011 1st Avenue North St. Petersburg, FL 33705 USA Total Air, Inc. 3100 39th Avenue North St. Petersburg, FL 33714 727-822-7700

INVOICE INVOICE DATE 15041452 Aug.20, 2020

JOB ADDRESS Casa 1011 1st Avenue North St. Petersburg, FL 33705 USA Completed Date: 8/20/2020 Technician: Josh Whiteside

Technician: Nathan Rambally

#### DESCRIPTION OF WORK

1. Furnish and install one (1) 7.5ton 3-phase Daikin package unit.

2. Furnish and install one (1) 16kw electric heater.

3. Furnish and install one (1) roof curb adapter.

4. Furnish and install one (1) Fresh Air Damper.

5. Furnish and install one (1) digital thermostat.

6. Provide five (5) year factory compressor warranty.

7. Provide one (1) year labor warranty.

8. Perform start up procedures.

9. Includes crane service.

10. All required electrical code. Including disconnect box, conduit and wiring.

11. Permit fees included.

12, All work performed to Local and State Building Code.

13. Contractor will perform it's work in a food and workmanlike manner.

Installed new Daikin 7.5 ton rooftop unit on new curb adapter. Installed new disconnect. Installed heater, and drain line. Started up system and everything is in perfect working condition. Customers very happy so she's looking into finding more money for us to do next unit.

TASK	DESCRIPTION	QTY	PRICE	TOTAL
Equipment	Equipment - Install C:		\$10,909.00	
- Install C	Install	ورواني ورواني ورواني	1.529 #126-1282011114-612 [[1-2010-10-10	-je- versjon of -and - one is as

\$1,090.90	POTENTIAL SAVINGS
\$10,909.00	SUB-TOTAL
\$0.00	TAX

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rder #	PURCHASE / PAYMENT	REQUISITION (P)	$\frac{PR}{2R} \frac{400-0354}{2}$
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	P.O. Box 414, St. Pete 727-895- Tax Exempt # <u>85-8</u>	4912	
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	Approved Total Cost: \$10,9	Deposit o	r partial payment required (must be completed)
Vendor:	Total Air		Contact:
(Company) Address:			Phone:
City, State, Zip:			
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	roved by:		Approval Date:
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- Fiscal II Rcv'd on:			revised 9/29/2018



INVOICE 

Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Purchase Order #:

TaxExemptCertificateID:

<u>Zoom W-9</u>

Involce #: Payment Terms: Due Date: Account Number Currency: Account Information:

invoice Date: 03//8/2020 INV/1665400 Duellipon Receipt 03/16/2020 5198/761 USD Community Action Stops Abuse, Inc. PO-Bax 414, St. Referaburg, Florida 33731 United States

mforey@casa-stpete.org

CHARGE DETAILS					
Charge Description	Service Reriod	Suntotal	Tax	TOTAL	
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	03/16/2020-04/15/2020	\$14.99	\$0.00	\$14.99	

INVOICE TOTALS		
	Subtotal:	\$14.99
	Total (including Tax):	\$14.99
	Invoice Balance:	\$0.00

TAX DETAILS	Charge	Tax
Charge Name Tax Name Jurisdiction	Amount	Amount
	Total Tax	\$0.00

Invoice Total Transaction	Transaction Number:	Transaction Type	Description	\$14.99 Applied Amount
03/16/2020	P-12464042	Payment	n vien en e	(\$14.99)
			Involce Balarice	\$0.00

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	<i>ease check appropriat</i>		laster Card→ 🔏	o documents	
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Fiscal II Rcv'd on:

revised 9/29/2018

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INVOICE

Zoom Video Communications Inc. 55 Almaden Blvd, 6<sup>th</sup> Floor San Jose, CA 95113 billing@zoom.us

invoice #: Payment Terms: Due Date: Account Number Currency: Account Information:

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Invoice Date: 04/16/2020 INV15769749 Due Upon Receipt 04/16/2020 51987781 USD Community Action Stops Abuse, Inc. PO Box 414, St. Petersburg, Florida 33731 United States

Purchase Order #:

TaxExemptCertificateID:

<u>Zoom W-9</u>

mforey@casa-stpete.org

Cl	ARGE DETAILS			
Charge Description	Service Period,	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	04/16/2020-05/15/2020	\$149.90	\$0.00	\$149.90

INVOICE TOTALS		
	Subtotal:	\$149.90
	Total (including Tax):	\$149.90
	Invoice Balance:	\$0,00

TAX DETAILS		
Charge Name Jurisdiction	Charge Amount	Tax
	Total	\$0.00
	Tax	

0.0 10/2020	1-10000100	1 Gylfiddir		(ចុះមទ.ទប)
04/16/2020	P-16630163	Payment		(\$149.90)
Transaction Date	Transaction Number	Transaction Type	Déscription	Applied Amount
Invoice Total				\$149.90

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PURCHASE / PAYMEN	T REQUISITION (PPR)	
	A U	<u></u>
P.O. Box 414, St. Pe 727-895 Tax Exempt # <b>85</b> -	5-4912	• • • •
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INVOICE .....

Zoom Video Communications Inc. 55 Almaden Bivd, 6<sup>th</sup> Floor San Jose, CA 95113 billing@zoom.us

Payment Terms: Due Date: Account Number Currency: Account Information:

involce Date: 05/16/2020 INV20791317 Due Upon Receipt 05/16/2020 51987781 USD Community Action Stops Abuse, Inc. POBox 414, St. Petersburg, Florida 33731 Unlied States

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

micrey@casa-stpete.org

CH	ARGE DETAILS		ttalionena en Schriftensen	
Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99	05/16/2020-06/15/2020	<b>\$</b> 149.90	\$0.00	\$149.90

INVOICE TOTALS		
	Subtotal:	\$149.90
	Total (Including Tax):	\$149,90
	Invoice Balance:	\$0.00

TAX DETAILS Charge Name Tax Name Jurisdiction	Charge Amount	Tax Amount
	Total	\$0.00
	Tax	\$0.00

Invoice Total				\$149.90
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
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	red Total Cost: \$ <u> 49</u> ,96	<u>∫</u> see revers	artial payment required e (must be completed)	
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City, State, Zip:		<u></u>	· · · · · · · · · · · · · · · · · · ·	
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INVOICE

Zoom Video Communications Inc. 55 Almaden Blvd, 6th Floor San Jose, CA 95113 billing@zoom.us

Invoice #: Payment Terms; Due Date: Account Number Currency: Account Information:

Involce Date:

06/16/2020 INV26113202 Due Upon Receipt 06/16/2020 51987781 USD Community Action Stops Alase, inc. PO Box 414, St. Petersburg, Florida 3373t United States

mforey@casa-stpete.org

Purchase Order #:

TaxExemptCertificateID:

Zoom W-9

 
 CHARGE DETAILS

 Charge Description
 SerVice Period
 Subtotal
 Tax
 TOTAL

 Charge Name: Standard Pro Monthly Quantity: 10 Unit Price: \$14.99
 06/16/2020-07/15/2020
 \$149.90
 \$0.00
 \$149.90

INVOICE TOTALS		
	Subtotal:	\$149.90
	Total (Including Tax):	\$149.90
	Invoice Balance:	\$0.00

TAX DETAILS	Chame	Tax
Charge Name Jurisdiction	Amount	Amount
	Tiotal Tak	\$0.00

	and a second sec			
<b>06/1</b> 6/2020	P-27650172	Payment		(\$149.90)
Transaction Date	Transaction Number	Transaction	Description	Applied Amount
Involce Total				\$149.90

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Order#		PPR #
PURCHA	SE / PAYMENT REQUISITION (P)	PR) Recurring
Any and a life and an an an and a second	CASA STAND UP TO SILENCE	fround 16th
Requested by: Mindy	D P.O. Box 414, St. Petersburg, FL 33731 727-895-4912 Tax Exempt # <u>85-8012639704C-5</u> For a bit takes Person projection I popriate box and provide required back-up do	Date: 6/1/2020
	unit Master Card → 🕅 🗸 🌾	hindy
Approved Total Co	1110 An Deposit of	or partial payment required rerse (mist be completed)
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City, State, Zip:	· · · · · · · · · · · · · · · · · · ·	
Options → ☐ Mail to vendor of □ Pick up at Admin □ Special instruction	by whom:	(must notify A/P prior)
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Approved by:	Signature:	Approval Date:
Up to \$400.00 Coordinator/Manager		
\$400.01 - \$1500 Department Director		
\$1500.01 - \$2000 Financial Officer	Mindy Joren	10/10/2020
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01-57200-10-100-100		149.90
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	V	revised 9/29/2018



INVOICE

\$166.82

Zoom Video Communications Inc. 55 Almaden Bivd, 6th Floor San Jose, CA 95113 billing@zoom.us

involce #: Payment Terms: Due Data: Account Number Currency: Account Information:

Involce Date: 07/16/2020 INV31246180 Due Upon Receipt 07/16/2020 61987761 USD Community Action Stops Abuse, Inc. PO Box 414, St. Petersburg, Florida 33731 United States

mforey@casa-stpote.org

Purchase Order Number:

TaxExemptCertificate(D:

Zoom W-9

Off	ARGE DETAILS			
Charge Description	Service Period	Subtolal	Tax 🤇	TOTAL
Charge Name: Standard Pro Monthly Quantity: 10 Unit Price; \$14,99	07/16/2020-08/15/2020	\$149.90	\$16.92	\$166,82

INVOICE FOTALS		
	Subtotal:	\$149.90
	Total (Including Tax):	\$166,82
	invoice Balance;	\$9.00

Charge Name	TAX DETAILS Tax Name		Charge	
Standard Pro Monthly	Statutory Gross Receipts NFR (Business)	State	\$149.90	\$0.22
Standard Pro Monthly	Communications Service Tax NFR	City	\$149.90	\$9.32
Standard Pro Monthly	Communications Service Tax NFR	State	\$149.90	\$7,38
	an an ann an Anna an An	,,,,,_,_,,,,,,,,,,,,,,,,	Total Tax	\$16.92

## \* Sent in sales tax exemption

Involco Total 15 ω, DocuSign Envelope ID: 0A36C097-8438-401C-AFAE-2C98239061C6

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727	t. Petersburg, FL 3373 <b>ENTER</b> -895-4912 -85-8012639704C-5	
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Ą	CORD®	CEF	۲IF		BILITY INS	URANC	E		(MM/DD/YYYY) 28/2020
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.									
lf	MPORTANT: If the certificate hold SUBROGATION IS WAIVED, sub his certificate does not confer righ	ect to	the te	rms and conditions of th	ie policy, certain p	olicies may	•		
	DUCER			.3-229-8021	CONTACT	5). <sup>.</sup> L Marshal	1 337		
	E. Wilson Company, LLC				PHONE 010 0	84-3601		012 2	29.2795
					E-MAIL			013.2	29.2/95
	) W. Platt St.				Abbiteoo.	hall@mewil			
	e 200 mpa, FL 33606								NAIC#
	JRED				INSURER A : PHILAI	ELPHIA INI	JINS CO		10020
	munity Action Stops Abuse,	Inc &	Vict	coria's Place	INSURER B :				
	Pete Inc				INSURER C :				
ΡO	) Box 414				INSURER D :				
a.					INSURER E :				
	Petersburg, FL 33731				INSURER F :				
	VERAGES ( HIS IS TO CERTIFY THAT THE POLIC			E NUMBER: 59339473			REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE				POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2137292	06/01/20	06/01/21	EACH OCCURRENCE	-	00,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	
	X Sexual Midconduct						MED EXP (Any one person)	\$ 20,	
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A	Sexual or Physical Abuse			PHPK2137292	06/01/20	06/01/21	Each/Aggregate	1m/3	
A	Employment Practices			PHSD1540653	06/01/20		Aggregate		0,000
						1		1,00	0,000
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TOTAL	\$9,443.00
	8:00am
SCHEDULED DATE	Wed Jul 22, 2020
ESTIMATE DATE	Jul 22, 2020
ESTIMATE	#43614

CONTACT US

8095 46TH AVE N

ST. PETE, FL 33709

**C** (727) 321-9588

Sfathernsons@gmail.com

Casa 1011 1st Ave N St. Petersburg, FL 33705

ESTIMATE

Services	amourn
Estimate	\$9,443.00
OF A NEW 6 1/2 TON ROOFTOP TRANE/AMERICAN STANDARD PACKAGE UNIT INSTALLED ON ROOF AND REMOVAL AND DISPOSAL OF OLD UNIT. PRICE INCLUDES NEW CURB ADAPTER, MANUAL OUTSIDE AIR DAMPER, 10 KW HEATER AND PROGRAMMABLE THERMOSTAT. RECONNECT ALL ELECTRIC INCLUDED. RECONNECT ALL DRAINS. ALSO INCLUDED IS THE CRANE FOR THE LIFT. TEST AND BALANCE THE SYSTEM. PERMITTING INCLUDED.	
1 YEAR PARTS WARRANTY AND 1 YEAR LABOR WARRANTY.	
Total	\$9,443.00

Thank you for your business and prompt payment! We look forward to doing business with you in the future! WARRANTY IS VOIDED IF FOLLOW UP SERVICE IS DONE BY ANYONE OTHER THAN

FATHER & SONS A/C & HEATING INC.

I hereby certify that all work/repairs to the premises preformed by Father & Sons A/C & HTG INC. are in as good or better condition than prior to completion and have been completed in a professional like manner. There are no complaints or problems regarding our work. All invoices due upon receipt. A charge of 5% will be made on all unpaid invoices after 30 days. THANK YOU IN ADVANCE FOR YOUR PROMPT PAYMENT!



July 23, 2020

Casa 1011 1<sup>st</sup> Ave N St Pete, FL 33701

Kron & West Air Conditioning is pleased to present you with this proposal.

Scope of work:

Remove and dispose of 1 existing package unit on roof; Install 1 new package unit on a new curb and strap down with new hurricane straps; Reconnect new package units to the existing ducts, thermostat and electric; Includes new circuit breakers needed to match new equipment specs; Includes crane service, labor and permit;

1 - 6 Ton Trane Air Conditioner Roof Top Package Unit, 10kw heat strip 1 – TSC072H3E

Total installed check price: \$11,590 / credit card price: \$11,938

Commercial Warranty: 5 year compressor, 1 year parts, 1 year labor

This proposal may be withdrawn if not accepted within 30 days

We are looking forward to working with you on this project. If you have any questions or need any further information, please do not hesitate to contact me.

Thank you,

Bob Shiminske Comfort Consultant Cell (727) 639-3555 bob@kronwest.com July 22, 2020



## QUOTE

3691 27<sup>th</sup> Avenue N. St. Petersburg, FL 33713 Office-727-528-0171 <u>mcac@tampabay.rr.com</u>

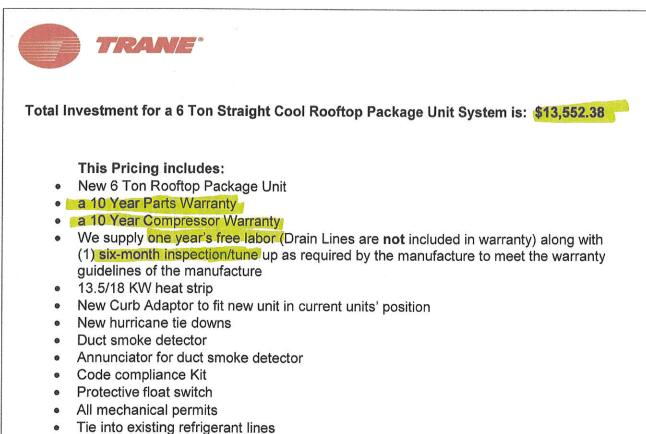


## **Prepared Especially For:**

C.A.S.A. (Community Action Stops Abuse)

St. Petersburg, FL

**ALWAYS BRINGING YOU SOLUTIONS TO ALL OF YOUR AIR CONDITIONING NEEDS** 



- Tie into existing electrical disconnect
- Start test and run equipment through 2 cycles
- Precision tune up in 6 months to meet manufactures warranty requirements
- Completed signature series installation with job site clean up

\* Any work out side of the above scope of work that needs to be done with high voltage electrical wiring, or electrical panels that do not meet the required standards to operate the unit are not the responsibility of Martin Carpenter Air Conditioning & Heating Inc. Any corrections or additions will need to be corrected and or change by a licensed Electrician under a separate agreement by the home owner.

Martin Carpenter will supply one-year limited labor warranty. Equipment failure due to lack of proper maintenance service or abuse is expressly excluded. Normal maintenance check ups and filter replacements are the responsibility of the purchaser. All Warranty work to be performed during normal business hours Monday through Friday.

Customer accepts the equipment and service described above and agrees to pay Martin Carpenters Air conditioning and Heating Inc the price chosen by the customer.

#### Payment of this agreement will be as follows;

35% Initial investment due at signing. 3% fee will be applied to your payment if you choose to pay by credit card.

Terms and conditions:

- 1. All equipment and material are guaranteed by Martin Carpenter Air Conditioning & Heating Inc as specified.
- Materials and work outside of the presented scope of work will be furnished only as a change order agreed to by the customer under separate agreement authorized by the customer and be paid as an additional charge to services outside of this agreement.
- 3. There is no warranty on existing duct work or other materials not suppled or installed by Martin Carpenters Air Conditioning& Heating Inc.
- 4. Title to all provided equipment remains WITH Martin Carpenter Air Conditioning & Heating Inc until all amounts due under this agreement are paid in full whether the equipment is attached to the realty or not and will remain personal property and be deemed serv-able without injury to the freehold.

- 5. As provided, Martin Carpenters Air Conditioning & Heating makes no other representations or warranties either expressed or implied
- 6. Any Warranty work will must be done during normal business hour Mon Fri 8:00 am 5:00 pm.

This quote is the complete statement of the agreement between the purchaser and Martin Carpenters Air Conditioning & Heating Inc. and it supersedes all Prior oral and written proposals and any other subsequent communications pertaining to this subject matter hereof.

Thank you for the opportunity, if you have any questions, please feel free to call me.

Sincerely,

Martin Carpenter

Martin Carpenter President /CEO Martin Carpenter Air Conditioning & Heating Inc.

Niklas Reymann

Niklas Reymann Sales Coordinator Martin Carpenter Air Conditioning & Heating Inc.

Acceptance of this quote constitutes the agreement to the terms within and intent to carry out the scope of work listed above.

Signature Purchaser

Date

#### **Pinellas Community Foundation**

### Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: <u>Community Action Stops Abuse, Inc. (CASA)</u>

Project Name: <u>Improving Non-residential Services</u>

FROM (date): <u>3/1/2020</u> TO (date): <u>12/30/2020</u>

Budget Category/Line Item	Program Budget - Total	Pinellas CARES Grant
Personnel (salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)	\$1,134,216	\$0
Equipment (computers, furniture, etc., less than \$3,000 per item)	\$0	\$26,960
Supplies (office materials, program related purchases, program necessities to deliver services, etc.)	\$14,476	\$0
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	\$14,469	\$0
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	\$18,700	\$0
Training (staff development, conferences, long distance travel)	\$20,000	\$0
Design, Printing, Marketing & Postage (for direct program related services only)	\$10,000	\$10,780
Capital (Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)	\$0	\$10,909
Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)	\$19,019	\$4,003
Indirect Costs (pre-negotiated federal rate, de minimus rate of 10%, or none)	Administrative cost has separate budget	Administration is 14% of the entire agency expense
TOTAL	\$1,230,880	\$52,652

#### Pinellas Community Foundation PCF CARES Application BUDGET NARRATIVE FORM

## If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

Organization Name:Community Action Stops Abuse, Inc. (CASA)Project Name:Improving Non-residential ServicesFROM (month/year): 3/1/2020TO (month/year): 12/30/2020

# Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program) N/A

#### Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Laptops and printers are needed for both program and support staff to continue to provide virtual services for survivors and their children, as well as community education and public awareness. CASA outsources IT and support services, and that vendor has provided the following estimated costs:

Computers	760.00
Microsoft Licensing	29.00
3 year extended warranty	188.88
Burn-In, updates, basic set up	199.99
Delivery, deployment, data migration	125.00
Total for each laptop	\$1,302.87
20 laptops X \$1,302.87 = \$26,057.40	
2 printers X \$450 = \$900	

Supplies (office materials, program related purchases, program necessities to deliver services, etc.) N/A

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses) N/A

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation) N/A

#### Design, Printing, Marketing & Postage (for direct program related services only)

CASA will use social media, U.S. mail, newspapers, and billboards to ensure the community is well aware of their options for escaping violence in the home. If funded, this request will develop media releases such as these:

			Average per	
Media	Cost	Victims Reached	Reach	Total Expense
Facebook	\$35/ day	1,837	\$0.02	10 days = \$350
Valpak	\$2,600	130,000	\$0.02	2 runs = \$5,200
Weekly Challenger	\$540	25,000	\$0.02	2 mos = \$1,080
Tampa Bay				
Times	\$425	87,375	\$0.005	4 ads = \$1,700
Other media				
	\$800/			
Billboard	mo			2 boards = \$1,600
PSTA interior ad	\$85			10 ads = \$850
			an a	Total = \$10,780

Victims reached is figured by 25% of the average reach per media type since at least one in four persons are victims of domestic violence as per national statistics.

# Capital (buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)

Last year, 2 of the 4 HVACs were replaced at the non-residential offices. This year, one HVAC was so badly rusted that it caused the roof to leak every time it rained. This unit was replaced using CASA cash – it was an unbudgeted expense. Three quotes were obtained, in line with CASA finance policy. The HVAC that was replaced cost \$10,909.00.

This equipment replacement was not a budgeted expense before COVID, and the money used could have been used for survivor-related expenses instead. Under ordinary circumstances, CASA would have never replaced the HVAC unit at this time because our generated revenue sources were down. But we had no choice because it was an emergency. It is essential to maintain the non-residential services offices as safe and sanitary because since COVID restrictions have been implemented in our community, we have experienced a 45% increase in persons served by this location as compared to last year (1,073 as opposed to 739). This increase is due in part from closure of other community locations where CASA had advocates present, and in part because survivors are reluctant to enter the emergency shelter due to fear of communal living because of the pandemic. That is, survivors are asking for more individualized services instead of shelter. CASA follows physical distancing and sanitation guidelines, but having proper ventilation as provided by a functioning HVAC unit ensures that our non-residential offices are well withing CDC guidelines. Ventilation and physical distancing combined is cited as instrumental in decreasing the spread of the virus (see following articles). Well functioning air conditioning dilutes the contaminants by recycling the air frequently.

- Jianyun Lu, Jieni Gu, Kuibiao Li, Conghui Xu, Wenzhe Su, Zhisheng Lai, Deqian Zhou, Chao Yu, Bin Xu, Zhicong Yang. COVID-19 Outbreak Associated with Air Conditioning in Restaurant, Guangzhou, China, 2020. Emerg Infect Dis. 2020 Jul; 26(7): 1628–1631. doi: 10.3201/eid2607.200764
- Lidia Morawska, Julian W. Tang, William Bahnfleth, Philomena M. Bluyssen, Atze Boerstra, Giorgio Buonanno, Junji Cao, Stephanie Dancer, Andres Floto, Francesco Franchimon, Charles Haworth, Jaap Hogeling, Christina Isaxon, Jose L. Jimenez, Jarek Kurnitski, Yuguo Li, Marcel Loomans, Guy Marks, Linsey C. Marr, Livio Mazzarella, Arsen Krikor Melikov, Shelly Miller, Donald K. Milton, William Nazaroff, Peter V. Nielsen, Catherine Noakes, Jordan Peccia, Xavier Querol, Chandra Sekhar, Olli Seppänen, Shin-ichi Tanabe, Raymond Tellier, Kwok Wai Tham, Pawel Wargocki, Aneta Wierzbicka, Maosheng Yao, *How can airborne transmission of COVID-19 indoors be minimised?*, Environment International, Volume 142, 2020, 105832, ISSN 0160-4120,
- ED LIGHT, CIH, MEMBER ASHRAE; JAMES BAILEY, P.E., MEMBER ASHRAE; REID LUCAS, ASSOCIATE MEMBER ASHRAE; LAURENCE LEE, CIH. *Filling the Knowledge Gaps HVAC and COVID-19*. ASHRAE JOURNAL ashrae.org SEPTEMBER 2020, pp 20-28

## Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

In order to abide by physical distancing guidelines, CASA meetings, including support groups for survivors, are being offered via Zoom. There are 15 basic licenses in place for direct service and support staff, and one webinar license.

15 licenses X 15 staff members = \$225/ month

1 webinar license = \$40/ month

\$265/ month X 5 months (August through December) = \$1,325

Previous invoices (March through July) = \$631.51

Dedicated fiber for a stronger wifi connection: \$250 installation + \$449/ month x 4 months = \$2,046

Indirect Costs (Administrative Fee, Overhead Costs, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-negotiated percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have, and never have had an established percentage rate for Indirect Costs, please use 10% as the de minimus rate. N/A



## CASA Domestic Violence Services – Alternate Proposal

Pinellas CARES Nonprofit Partnership Fund

#### **Project Name\***

CASA Domestic Violence Services – Alternate Proposal

#### **Amount Requested\***

\$10,780

#### **Impact on Organization\***

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.) Since COVID restrictions have been implemented in our community, we have experienced a 45% increase in persons served in the community as compared to last year (1,073 as opposed to 739). This increase is due in part from closure of other locations where CASA had advocates present, such as courthouses and government offices, and in part because survivors are reluctant to enter the emergency shelter due to fear of communal living because of the pandemic. That is, survivors are asking for more individualized services instead of shelter. However, our experience tells us that more than half of the persons experiencing domestic violence do not reach out, and of those who do, it take 7 attempts on average for victims to break free. Furthermore, the number of calls coming into our 24/7 crisis hotline are increasing, with survivors who are not just asking for emergency shelter, but also for assistance with restraining orders and housing.

#### Number Served by Funding Area\*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated. Behavioral Health: 250,000 people

#### **Funding and Usage** Client Service Delivery\*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.** 

The quarantine due to pandemic has been shown to trigger a spike in domestic violence incidents in other geographic areas, and that is why these requests are COVID-related. The stress of uncertainty about the economy, job loss, school schedules, and the virus itself can trigger violence in the home.

However, during recent training done with local law enforcement, CASA discovered that not everyone understands what constitutes domestic violence and when it is likely to become lethal. While training emergency medical personnel, it was discovered that they were unaware that strangulation is a hallmark sign of lethality, and that the presence of guns in the home makes the



situation even more dangerous. If trained medical professionals are unaware of the symptoms of domestic violence, then it is probably that the survivors do not know the risks and what their options are.

Domestic violence is often thought of as physical battering, however, there are many forms of domestic violence, not limited to psychological, emotional, financial, sexual, isolation, and verbal abuse. The impact of domestic violence that is not physical can be longer lasting and more damaging. Even witnessing domestic violence has impact on children to include higher correlations of subsequent legal issues and behavior problems. Stress is correlated with headaches, body aches, elevated blood pressure, insomnia and depression. Some survivors either self-medicate or are forced to use recreational drugs resulting in chemical dependency. Lack of spiritual relationship to a deity can occur due to learned helplessness from continued abuse that cannot be easily escaped. Abusers may also restrict household finances and forbid the victim from leaving the house, making economic hardship more likely.

National statistics indicate that 1 in 3 women and 1 in 4 men experience domestic violence in their lifetime. Using these estimates and the number of persons who will be exposed to public awareness messages, thousands of Pinellas residents will benefit from this funding. By raising public awareness about domestic violence and making clear what supports are available to safely empower victims in Pinellas County, CASA will assist to alleviate violence and abuse that is directly related to COVID and CDC guidelines.

#### **Communication/Outreach and Community Engagement Efforts\***

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them? CASA will use social media, U.S. mail, newspapers, and billboards to ensure the community is well aware of their options for escaping violence in the home. If funded, this request will develop media releases such as these:

- Facebook Ad: \$35/day estimated 6.3k-18.1k reach per day
- ValPak: Starting Price .3-.5 cents/household; reach up to 520k households
- Weekly Challenger: Half page ad \$540, Quarter page ad \$270; reach 100,000 monthly
- Tampa Bay Times Sunday Pinellas: 1c x 2" \$425; 349,500 reach
- Medium Billboard: \$800 to \$5,000; reach depends on location/ traffic
- PSTA interior ad: \$35 \$85; reach depends on route

Victims who are quarantined or otherwise physically distanced may not understand that supportive services will not require them to participate in any way or commit to any actions. This misunderstanding has been shown to be a deterrent to victims leaving the abuser. Ads will focus on both intervention and prevention themes, "to emphasize the benefits of changing, as well as to convince victims of domestic violence that they can improve their lives" (Cismaru et al., 2010). Additionally, the ads will serve to "reinforce strategic alliances, influence public attitudes, forward desired changes in social institutions" (Maney et al, 2012) and act as a "as a vehicle to change social norms" such as standing up to silence (Paluk & Ball, 2010).



**References:** 

Cismaru, M., Lavack, A.M. (2010) "Don't suffer in silence" — Applying the integrated model for social marketers to campaigns targeting victims of domestic violence. School of Business, University of Regina, 16(1), 97-129. <u>https://doi.org/10.1080/15245000903528373</u>

Maney, G.M., Kutz-Flamenbaum, R.V., Rohlinger, D.A., & Goodwin, J., editors. (2012). Chapter 4 of *Strategies for Social Change*. Minneapolis: University of Minnesota Press, xxxviii+318.

Paluck, E.L., & Ball, L. (2010). *Social norms marketing aimed at gender based violence: A literature review and critical assessment*. New York: International Rescue Committee.

Wolfe, D., & Jaffe, P. (1999). *Emerging strategies in the prevention of domestic violence*. The Future of Children, 9(3), 133-144. doi:10.2307/1602787

#### **Measurement - Behavioral Health\***

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

250,000 potential victims of domestic violence will be informed about CASA services.

#### Methodology\*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the

selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

Media	Cost	Victims Reached	Average per Reach	Total Expense
Facebook	\$35/ day	1,837	\$0.02	10 days = \$350
Valpak	\$2,600	130,000	\$0.02	2 runs = \$5,200
Weekly Challenger	\$540	25,000	\$0.02	2 mos = \$1,080
Tampa Bay Times	\$425	87,375	\$0.005	4 ads = \$1,700
Other media				
Billboard	\$800/ mo			2 boards = \$1,600
PSTA interior ad	\$85			10 ads = \$850

Total = \$10,780

Victims reached is figured by 25% of the average reach per media type since at least one in four persons are victims of domestic violence as per national statistics.



#### **Number of Clients Served During Grant Period - Behavioral Health\***

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

1,000,000

#### **Estimated Percentage of Progress - Grant Period\***

Please estimate % of progress on the proposed measure during the grant period. 25%

#### **Monthly Projections - Number Served - Behavioral Health\***

Please estimate the number of individuals to be served by this funding for **behavioral health** 250,000

#### **Amendment One to Grant Agreement**

Comes Now, Pinellas Community Foundation, a public charitable foundation established by Trust Agreement Dated January 1, 1969, as may have been amended from time to time ("AGENCY") and Community Action Stops Abuse, Inc., ("GRANTEE") (AGENCY and GRANTEE collectively "the Parties") and the Parties hereby agree as follows:

- 1. On or about October 19, 2020, AGENCY and GRANTEE entered into a Grant Agreement in the amount of \$51,781.00.
- 2. AGENCY and GRANTEE both wish to amend the Grant Agreement.
- 3. Section 10 of the Grant Agreement provides the ability to alter the terms of the Grant Agreement by written agreement.
- 4. Thus, the Parties agree to the following amendments in accordance with Section 10 of the Grant Agreement:
  - a. Section 1 g) Amount of Funds Awarded shall be increased to \$74,759.00.
  - b. Section 2 a) shall be amended to state, "GRANTEE shall administer funding in an amount up to seventy-four thousand seven hundred fifty-nine dollars and 00/100 cents (\$74,759.00) for expanded local services with up to 0% or \$0.00 allowed for indirect costs. Of this funding, up to eleven thousand five hundred forty dollars and 00/100 cents (\$11,540.00) may be used to reimburse COVID-19 related expenditures which were incurred and paid by the GRANTEE prior to grant performance period, provided GRANTEE produces acceptable documentation of such expenses."
  - c. Section 2 b) shall be stricken from the Grant Agreement.
  - d. Section 4 a) shall be replaced with the following: "The AGENCY agrees to provide GRANTEE an amount not to exceed seventy-four thousand seven hundred fifty-nine dollars and 00/100 cents (\$74,759.00) as an award of the Pinellas CARES Nonprofit Partnership Fund for the services described in Section 2 of this Agreement. These funds are for competitively awarded expansion of services as defined. Of this amount, up to eleven thousand five hundred forty dollars and 00/100 cents (\$11,540.00) may be used to reimburse COVID-19 related expenditures which were incurred and paid by the GRANTEE prior to grant performance period."
  - e. Section 4 b) shall be stricken from the Grant Agreement.
  - f. Section 4 c) shall be replaced with the following: "GRANTEE shall maintain a Budget Plan (Appendix 4) for anticipated direct costs which may be adjusted across budget categories as necessary to address direct costs incurred. Budget Plan modifications that do not result in an increase of funding, change the purpose of this Agreement, or otherwise amend the terms of this Agreement, shall be submitted in the format prescribed and provided by the AGENCY without the need to amend this Agreement. GRANTEE shall provide such changes to AGENCY in writing, and AGENCY will approve or deny such changes in writing."

g. Attachment 1 of this Amendment to the Grant Agreement shall replace the Budget Summary and Budget Narrative in Appendix 4 of the Grant Agreement and shall be recognized as what the Grant Agreement and this Amendment refer to as a "Budget Plan".

Signed:

AGENCY: Pinellas Community Foundation

By:	DocuSigned by:	ly
Dugga	<u>528C89A7304941</u> an Cooley, CI	
Date S	Signed:	/2/2020

GRANTEE: Community Action Stops Abuse, Inc.

By:	Laviana Forsythe
Laria	na Forsythe, CEO
Date S	12/2/2020 Signed:

#### Pinellas Community Foundation PCF CARES Application BUDGET NARRATIVE FORM

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

Organization Name:Community Action Stops Abuse, Inc. (CASA)Project Name:Improving Non-residential ServicesFROM (month/year): 3/1/2020TO (month/year): 12/30/2020

Personnel (salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program) N/A

#### Equipment (computers, phone, furniture, etc., less than \$3,000 per item)

Laptops and printers are needed for both program and support staff to continue to provide virtual services for survivors and their children, as well as community education and public awareness. CASA outsources IT and support services, and that vendor has provided the following estimated costs:

Computers	760.00
Microsoft Licensing	29.00
3 year extended warranty	188.88
Burn-In, updates, basic set up	199.99
Delivery, deployment, data migration	125.00
Total for each laptop	\$1,302.87
20 laptops X \$1,302.87 = \$26,057.40	
2 printers X \$450 = \$900	

This additional request is for mattresses and pillows that can be easily cleaned, which makes them reusable even if there is exposure to the COVID-19 virus. The mattresses that are currently in place are older and worn, and cleaning them may not always be effective. Replacing all mattresses now would give peace-of-mind to both staff and residents by making sure the mattresses were not a source of virus exposure. There are also a certain number of mattresses that are damaged during resident stay and must be replaced before another survivor can be served in that suite. This number is included in the award we understand ends by December 30, 2020. Additionally, a smaller number of regular pillows is requested in case a survivor or child had allergies or otherwise cannot use the reusable pillows. With local shortages already evident during this most recent spike in the number of virus infections and the community's typical response, CASA needs to ensure that plenty of toilet paper is available for shelter residents, and one way to do that is by ordering it online. Personal protective equipment (PPEs) are requested for both staff members and residents to include plastic gloves, hand sanitizer, disposable masks, and disinfecting wipes. CASA has purchased a hand-held disinfecting fogger machine, and asks for PCF CARES money to purchase enough sanitizing solution for that machine to cover the entire interior shelter twice. Finally, in order to reduce gatherings in the shelter, CASA has implemented cooking and delivering food for residents, which involves the additional expense of packaging those meals individually, and disposable food containers are needed (cost based on current orders with a vendor we know can deliver to the shelter).

Bed-bug resistant cleanable twin mattress	130 x \$109 plus shipping	\$14,770
Reusable pillows	300 x \$7.95 plus shipping	\$2,634

such as these:

Regular pillows	100 x \$5.99 plus shipping	\$699
Toilet paper	20 pk x 10 x \$19.99	\$199.9 <mark>0</mark>
Plastic gloves	50 count x 4 x \$4.97	\$19.88
Hand sanitizer	200 x \$3.97	\$794
Disposable masks	50 pk x 6 x \$5.79	\$34.74
Disinfecting wipes	100 cans x \$2.37	\$237
Disinfecting fogger solution	80 gal x \$29.99	\$2,399.20
Disposable food containers	159.80/ mo x 2	\$319.60
(for many PPE, we are hoping for free shipping	such as what Amazon offers)	

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)  $\ensuremath{\mathsf{N/A}}$ 

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses) N/A

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation) N/A

#### **Design, Printing, Marketing & Postage (for direct program related services only)** CASA will use social media, U.S. mail, newspapers, and billboards to ensure the community is well aware of their options for escaping violence in the home. If funded, this request will develop media releases

			Average per	
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Total = \$10,780

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Last year, 2 of the 4 HVACs were replaced at the non-residential offices. This year, one HVAC was so badly rusted that it caused the roof to leak every time it rained. This unit was replaced using CASA cash – it was an unbudgeted expense. Three quotes were obtained, in line with CASA finance policy. The HVAC that was replaced cost \$10,909.00.

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- Jianyun Lu, Jieni Gu, Kuibiao Li, Conghui Xu, Wenzhe Su, Zhisheng Lai, Deqian Zhou, Chao Yu, Bin Xu, Zhicong Yang. COVID-19 Outbreak Associated with Air Conditioning in Restaurant, Guangzhou, China, 2020. Emerg Infect Dis. 2020 Jul; 26(7): 1628–1631. doi: 10.3201/eid2607.200764
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#### **Pinellas Community Foundation**

#### Pinellas CARES Nonprofit Partnership Fund Grant Application

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Project Name: <u>Improving Non-residential Services</u>

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Personnel (salaries, wages, benefits, payroll taxes, time		
allocation on the project for all personnel involved in program)	\$1,134,216	\$0
Equipment (computers, furniture, etc., less than \$3,000 per item)	\$0	\$49,067
Supplies (office materials, program related purchases, program necessities to deliver services, etc.)	\$14,476	\$0
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)	\$14,469	\$0
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)	\$18,700	\$0
Training (staff development, conferences, long distance travel)	\$20,000	\$0
Design, Printing, Marketing & Postage (for direct program related services only)	\$10,000	\$10,780
Capital (Buildings, vehicles, equipment \$3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)	\$0	\$10,909
Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)	\$19,019	\$4,003
Indirect Costs (pre-negotiated federal rate, de minimus rate of 10%, or none)	Administrative cost has separate budget	Administration is 14% of the entire agency expense
TOTAL	\$1,230,880	\$74,759

#### American Bedding Mfg.,Inc

PO Box 1048 Athens, TN 37371-1048

www.americanbeddingmfg.com

Voice: 800-203-2507 423-745-1512 Fax: 423-745-2772

#### Quoted To:

Community Action Stops Abuse P.O. Box 414 St. Petersburg, FL 33731



Quote Number: 22910 Quote Date: Apr 21, 202 Good Thru: May 21, 20

Apr 21, 2020 May 21, 2020

quality is excellent

#### Ship To:

Community Action Stops Abuse St. Petersburg, FL 33731

Attn: Jill Flansburg 717.895.4912

Custome	rID		Approx Ship Date	FOB	Payment	Terms	Sales Rep
communityacti	onstops		3 wks ARO	Factory	Pre P	ay	Cliff Boggs
Quantity		Item	D	escription		Unit Price	Amount
13.00	pl380/460		Platinum Series Metal E	512.00	6,656.00		
13.00	plagr51		Platinum Series, 51" Ad	Platinum Series, 51" Adaptable Guard Rail			666.2
13.00	plagr		Platinum Series, 75" Ad	aptable Guard Rail		56.00	728.00
7.00	pl560		Platinum Series Metal B 76/80	Platinum Series Metal Bed, Full or Full XL size, 54 x			
20.00	pl2dchest		Platinum Series 2-Draw	er Nightstand, Brov	vn	246.00	4,920.00
20.00	pl2under		Platinum Series 2-Draw	er Under-Bed Ches	st	305.50	6,110.00
20.00	pl4dchest		Platinum Series 4-Draw	er Chest, Brown		415.50	8,310.00
20.00	pldesktable	Э	Platinum Series Table D	Desk		326.75	6,535.00
13.00	dorm33oxo	cb4fo	Twin Size Innerspring m	Twin Size Innerspring mattress, 38 x 75, Nylon fabric,			1,417.0
20.00	dorm46312oxcb4fo		ISJF8; BBPS Fabric Co Full Innerspring Mattres 16 CFR 1633 Complian Fabric Color: Navy BBP	202.50	4,050.0		
place this	order, siç	gn & date	here and fax or email	signed copy.	Subtotal		41,553.5
					S & H		1,490.00
tomor is calab	rachoncibl	a to offlood	all itoms from truck Milan	and the second second second	Sales Ta	x	
	<ul> <li>Manual and start and start and starts</li> </ul>		all items from truck. When		TOTAL		43,043.5

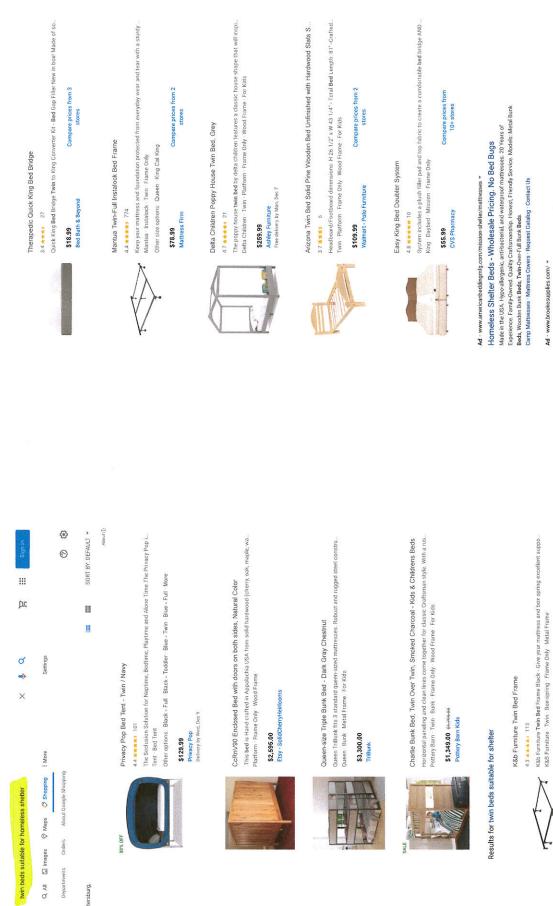
receiving goods, any damage must be noted on the delivery receipt before the truck leaves. If damage is not noted, customer will be solely responsible for damaged goods.

By signing this quote, I acknowledge and agree with America Bedding's Damaged Freight Policy document.

DocuSign Envelop	e ID: E520	JF27A-FBDC-4282	-97ED-3043	A427B7DC					
realed mathicades but by heristant	0	MOBL 4         PRODUCT DESCRIPTION         Memory         List memory           MIDE 4675         Seared Sam Form Marriess Size         MARRES 60.01         Memory         List memory           MIDE 4675         Seared Sam Form Marriess Size         MARRES 60.01         Memory         List memory         Z0.010         S655           MIDE 3675         Seared Sam Form Marriess         Size Y 87         Mont Built         Z0.010         S655           MIDE 3605         Seared Sam Form Marriess         Size Y 87         Mont Built         Z0.010         S655           MIDE 3607         Seared Sam Form Marriess         Size X 87         Mont Built         Z0.010         S655           MIDE 3607         Seared Sam Form Marriess         Size X 87         Mont Built         Z0.010         S655           MIDE 3607         MIDE 360         Mont Built         Mont Built         Z0.010         S655           MIDE 3721         Mont Bill         Mont Bill         Mont Bill         Z0.010         S655           MIDE 3721         Mont Bill         Mont Bill         Mont Bill         Z0.010         S655           MIDE 3721         Mont Bill         Mont Bill         Mont Bill         Z0.010         S655           Mont Bill         Mont Bill	MODEL #         PRODUCT OESDIRPTION         MATTRESS SIDE         MATTRESS COLOR         WEIGHT         LIST PRIOC           MISE-Sarch         Sared Sam Fount Mattress         56 × 25 × 65         Slove         Slove         24.0 lb         \$722         7           MISE-Sarch         Sared Sam Fount Mattress         56 × 45 × 65         Slove         Slove         24.0 lb         \$722         7           MISE-Sarch         Sared Sam Fount Mattress         56 × 45 × 65         Slove         24.0 lb         \$722         7           MISE-Sarch         Sared Sam Fount Mattress         56 × 45 × 65         Slove         25.5 lb         \$744           MISE-Sarch         Sared Sam Fount Mattress         17.5 × 21 <sup>+</sup> Slove         20.0 lb         \$103	REMEDY I BLACK MAX           Révelope service         Maximum software         Maximum software	COMFORT SHIELD® RESCUE - SEALED SEAM MATTRESS	RESCUE NORIX BLUE         To a chested poyeter there core. Bit welded scame.         Consolidation of the core. Bit welded scame.         Consolidation of the core. Bit welded scame.         Standard cover.         MODEL 4         MODEL 4       MODEL 4         MODEL 4	PORM SEWN SEAM Foan Core. Inverted sevin seam. Standard core. Preoutic Description Matrics 22	Steven Stant Admittes         36 x 15's x 6's         Maky           Steven Stant Admittess         36 x 40's x 6's         Maky           Steven Stant Form Mattress         36 x 40's x 6's         Maky           Steven Stant Form Mattress         36 x 40's x 6's         Maky           DORMI   SEWN SEAM FOAM ENCASED INNERSPRING MATTRESS         Dormal Particle Stant of the stant	MME7-3630     Sewn Seam fearme functioning Mattress     Set x 201 x 271     Many       MME7-3630     Sewn Seam fearm fearme functioning Mattress     Set x 201 x 71     Many       MME7-3630     Sewn Seam fearm fearme functioning Mattress     Set x 201 x 71     Many       MME7-3630     Sewn Seam fearm fearme functioning Mattress     Set x 201 x 71     Many       Anternation services provide provide provide strate and metagong Mattress     Set x 201 x 71     Many
	LU <sup>OC</sup> CUSTUUT - SEALEU SEANN INALTIKESS I NORIX BLUE polyester ther core. R/F welded serves. Integrated double scied pilote.	MOBL 4         Monther of Mode 4557         Weiler Mittess         Size of x 45         Montherssolut         Mitterss for an Monther of Mode 4557         Weiler Mittess         125         115.16         2000           Mode 4557         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         113.16         2000           Mode 4557         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         113.01         2000           Mode 4575         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         110.01         2000           Mode 45075         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         140.01         2244           Mode 45075         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         155.10         2200           Mode 45075         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         155.10         2200           Mode 45076         Seated Seam Fleer Mattress         27 x 77 x 45         Nonx Blue         165.01         2200           Mode 45076         Seated Seam Fleer Mattress         27 x 67 x 45         Nonx Blue         166.01         2200           Mode 45076         Seated Seam Fleer Mattress         27 x 67 x 45         Nonx Blue         166.01	CUSTODY   SILVER SECURE 11 or. densified polyester ther core. R/F welded seams, integrated double sided pillow. Rip-stop cover. Rip-stop cover. Rip-stop cover. Satisfies Starm filters size Martmess coulde Satisfies Starm filters Stare Starm filters size Martmess coulde Satisfies Starm filters Stare Starm filters Stare Starm filters Stare Starm filters Stare Stare Starm filters Stare Star	MCS4-2575         Birz         Stated Stam Fiber Mattress         25 x 75 x 45'         Stated         Sta	CUSTODY   BLACK MAX 11 c2. detested polyetter fiber core. R/F welded sealed and stitched seam. Integrated double select pillow. Meanimum scrimess societ	MODEL         FROUGT DESCRIPTION         MATTRESS SIZE         MATTRESS COLOR         WEIGHT         List Protect           MXX-2557         Sated Sam Flare Mattress         27 x 67 x 45         Black         113.0b         565           MXX-2757         Sated Sam Flare Mattress         27 x 75 x 45         Black         113.0b         565           MXX-2757         Sated Sam Flare Mattress         27 x 75 x 45         Black         113.0b         565           MXX-2757         Sated Sam Flare Mattress         27 x 75 x 45         Black         14.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 75 x 45         Black         14.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 75 x 45         Black         14.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 75 x 45 x 45         Black         14.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 75 x 45 x 45         Black         14.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 75 x 45 x 45         Black         16.0b         565           MXX-2707         Sated Sam Flare Mattress         27 x 87 x 45         Black         16.0b         562	COMFORT SHIELD® CUSTODY - SEAMLESS MATTRESS CUSTODY   MARATHON Matters for and set popuretiane tean fill, Integrated double safed pillor.	MODEL #         PRODUCTD EXCIRPTION         MATTRESS size         MATTRESS couche         Luss' review           MMA-2575         Seamless Model Mattress         25' x75' x 45'         State         58:0 lb         5978	31 For instraint on services (brank see range 61 - For Channing Solutions proves each adje 65-56

#### DocuSign Envelope ID: E520F27A-FBDC-4282-97ED-3043A427B7DC

31



# Results for twin beds suitable for shelter

1

ALE

A



Other size options: Twin/Full/Queen

Compare prices from 5+ stores

Availiabe in Various Styles & Sizes Great Pricing & Customer Service. Long Lasting and High Quality. High Quality. Custom Made. Made in USA. Types: Mattresses, Blankets, Property Storage Bags, Hygeine Supplies, Bedding, Footwear.

Prison & Shelter Mattresses - Designed to use in

Ad - www.brookesupplies.com/ \*

\$44.00 Bed Bath & Beyond

Orders

Departments

Home

Google

Your location: St. Petersburg, FL Stores.

O% OFF

and the set of the set

11/16/2020	Healthy Kin   Medical Supplies, Health & Fitness Products		
McKesson Reusable Pillow-Blue, 19" x 25"	', Each	300	\$2,385.00
SKU:41-1925-BXF			

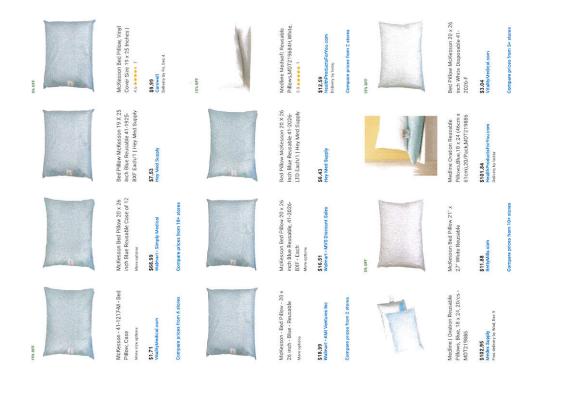
Sub Total: \$2,385.00 Shipping: (Ground) \$249.00 Tax: \$0.00

#### Total: \$2,634.00

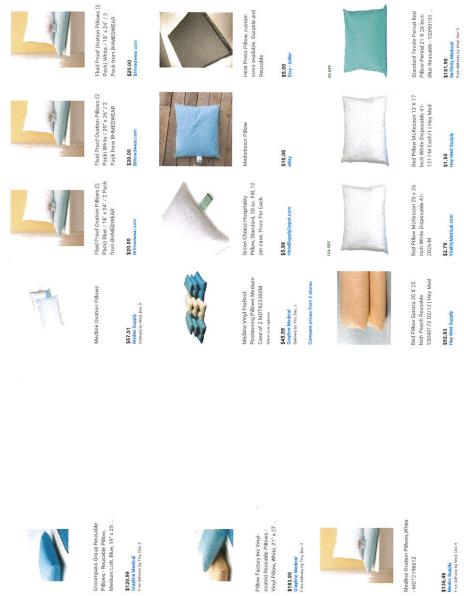
Terms & Conditions	My Account	HealthyKin.com
Shipping Policy	Login	Returns
Retrieve Passwords	FAQs	<b>Privacy Policies</b>
Sitemap	Security Policies	About Us
	Shipping Policy Retrieve Passwords	Retrieve Passwords FAQs

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Bed Pillow McKesson 20 X 26 Inch Blue Reusable 41-2026-BXF Each/1 | Hey Med Supply



EV OFF



CareGuard Plus Medium Beige Reusable Bed Pillow, 19 X 25\*\*

\$9.54 The Breathing Shop Free advery by their Dec 23



Medicat Pillows. MocKesson Diaposa



Mere Jin Re. 26. Mere Jin Med-Vert International W 51.97 Google Universe

compare prices from 10+ stores

Compare prices from 4 stores

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plyDepot.com

58.99 HotelSup

School Supply

\$4.71 BettyMills.com

Environments 20° Bright Pillows - Set of 6 (Item

Medline Ovation Series White Pillows, 18" × 24"

140 M

\$92.49 spare prices from 4 stores

ompare prices from 2 store

PICKUP









McKesson Reusable Bed Pillow

Clinton Industries 020 Positioning Pillow | Vinyl | Small



93

\$12.49 CleanhSupply.com Google Guarantee

\$37.58 4MD Medical



pare prices 1

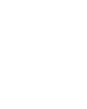
compare prices from 3 store











































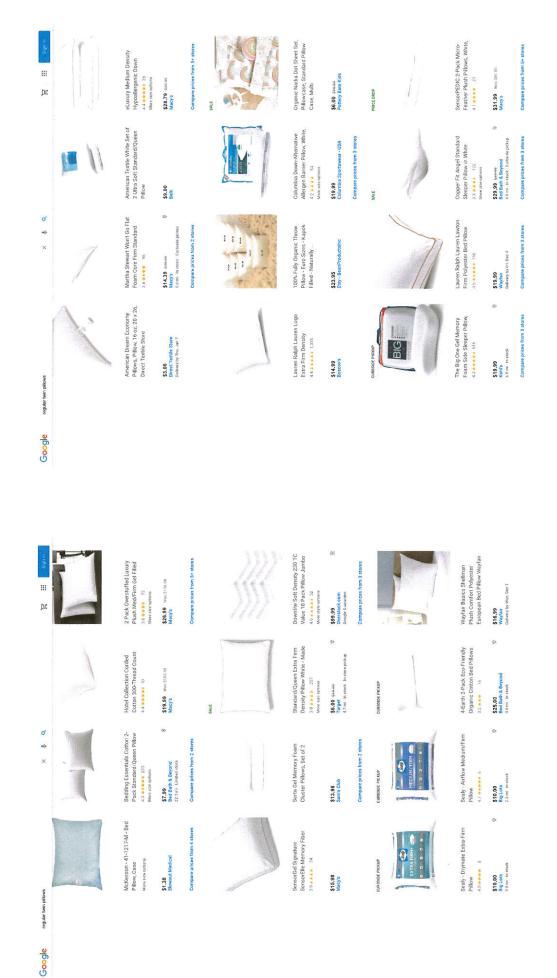


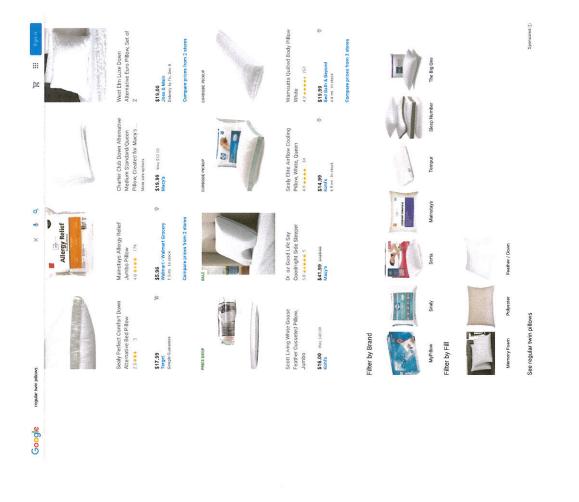


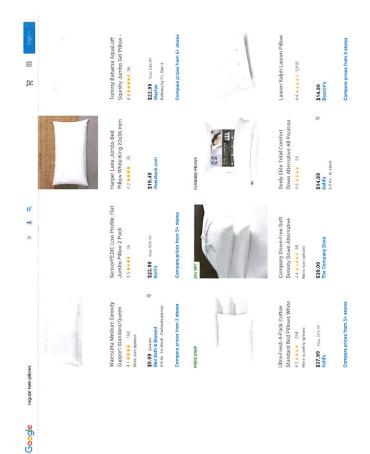
Ad - www.amazon.com/ \* Reusable Pillows on Amazon - Low Priced Reusable Pillows Read Outsomer Reviews & Find Best Saflers, Fast Free Delivery w/Amazon Prime.



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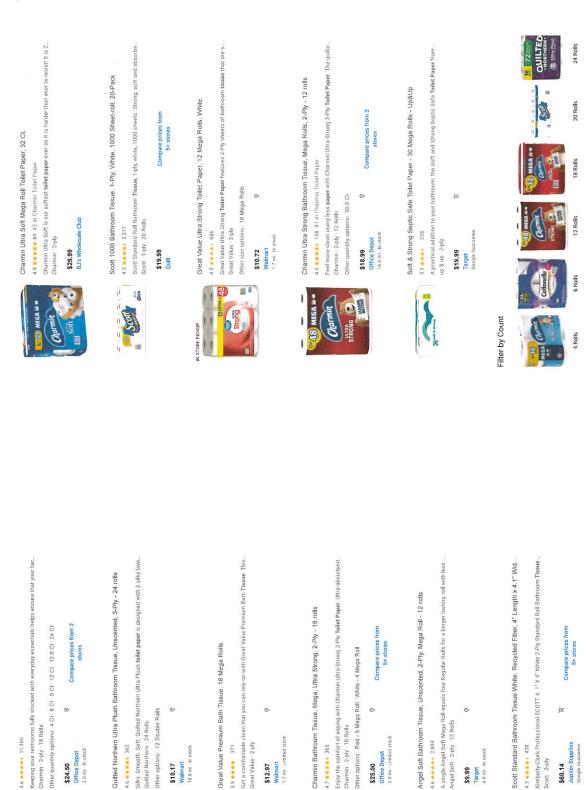












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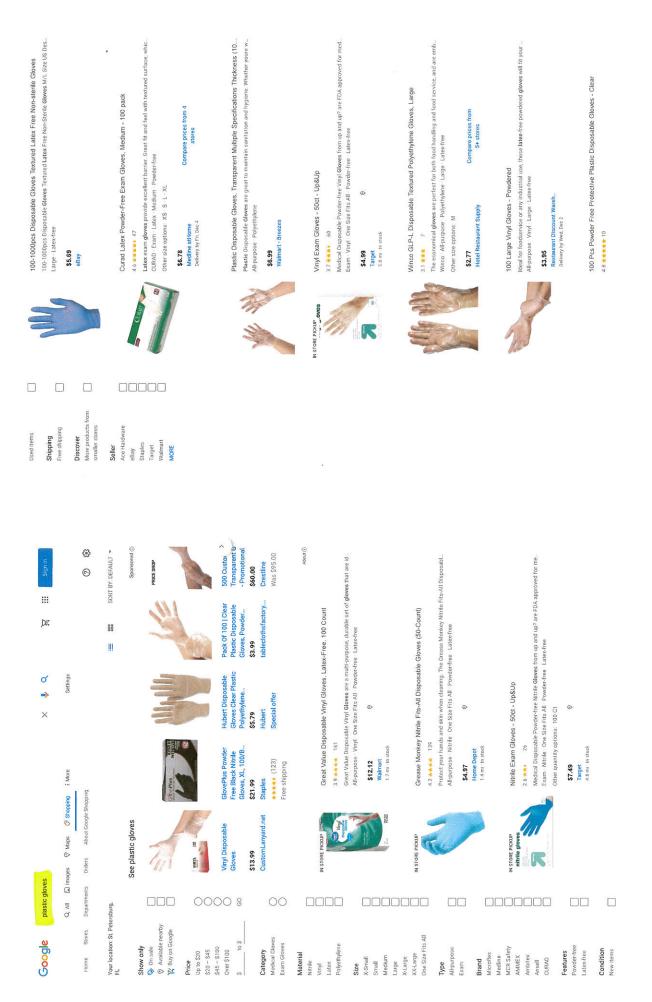
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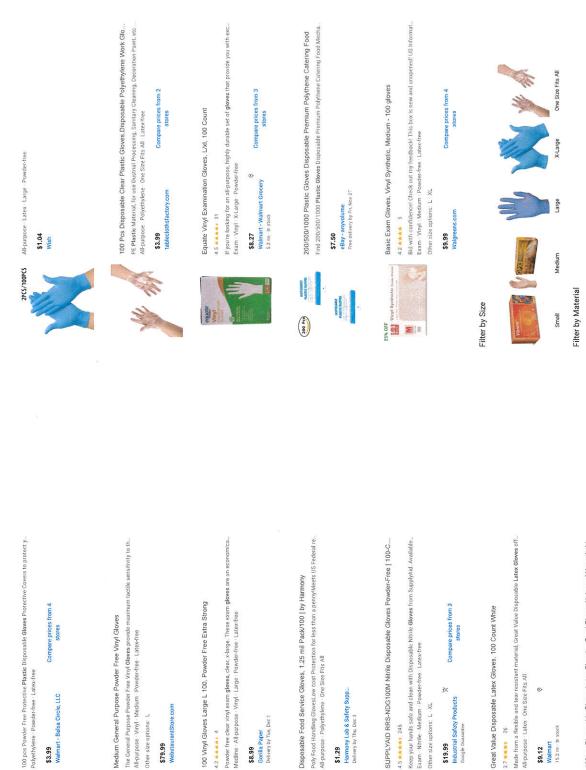
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\$5 OFF

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100/pack

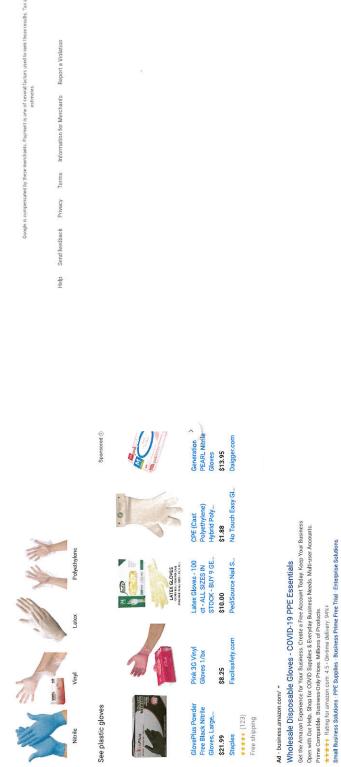
E.

35

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100pcs Disposable Gloves Latex Cleaning Food Gloves Universal Household... 100pcs Disposable Gloves Latex Cleaning Food Gloves Universal Household Carden Clea.

IN STORE PICKUP



### Ad - www.fivebelow.com/ ~

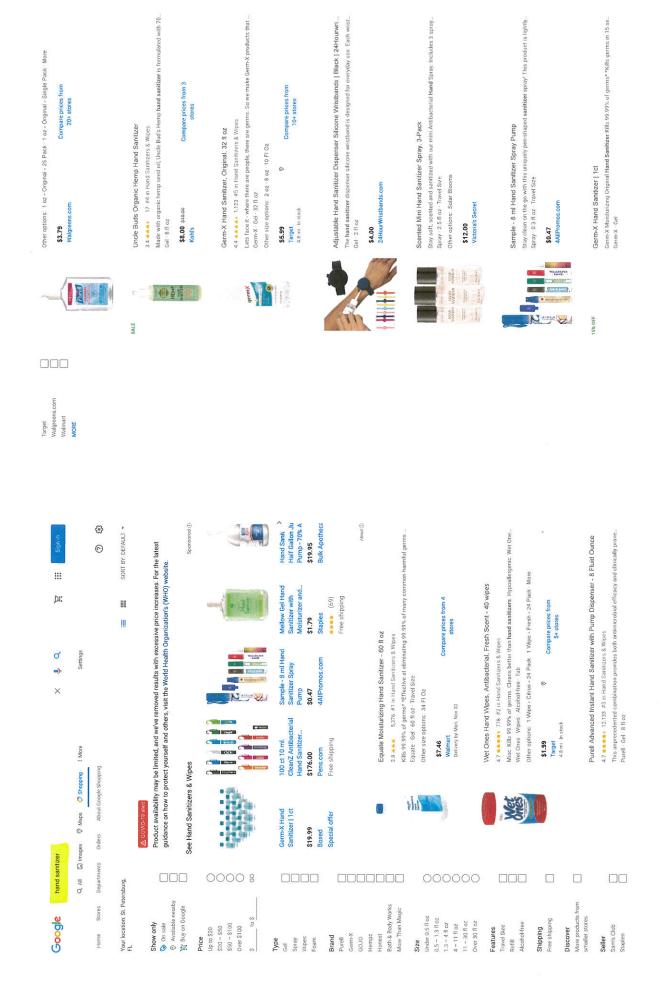
Multipurpose Gloves Are In Stock AI Five Below For Cheap! Protect Yourself From Cerns. Stop Five Below Doinho Now, Se dos SS Shapping On AI Orders 2010 of Storalist Prives. New Stuff Every Day, Hugs Selection Of Itema 7.000+ Store Location : Types: Tok. Trendy Room Deeor Games & Toys: Essentials: Store Locator - Earbuds & Headphones Five Below Essentials - Multipurpose Gloves In-Stock

## Ad - www.memorysuppliers.com/ \*

Exam & Non-Medical Nitrile Gloves from \$12/box of 100. Minimum 1,000 boxes. Focusing on Nitrile Gloves 100,000 Minimum - Bulk Buy 1,000+ Boxes Only large buyers. Request a bulk quote.

## Searches related to plastic gloves

plastic gloves waimart	plastic gloves cvs
plastic gloves target	transparent plastic gloves
plastic gloves wilko	plastic gloves costco
disposable plastic gloves	
reusable plastic gloves	





Bath & Body Works

and and and

\$8.00

Victoria's Secret

\$10.95

\$19.99 Boxed

Wrist-Band.com Delivery by Wed, Dec 2

\$9.99

\$7.64 LuckyVitamin.com Google Guarantee

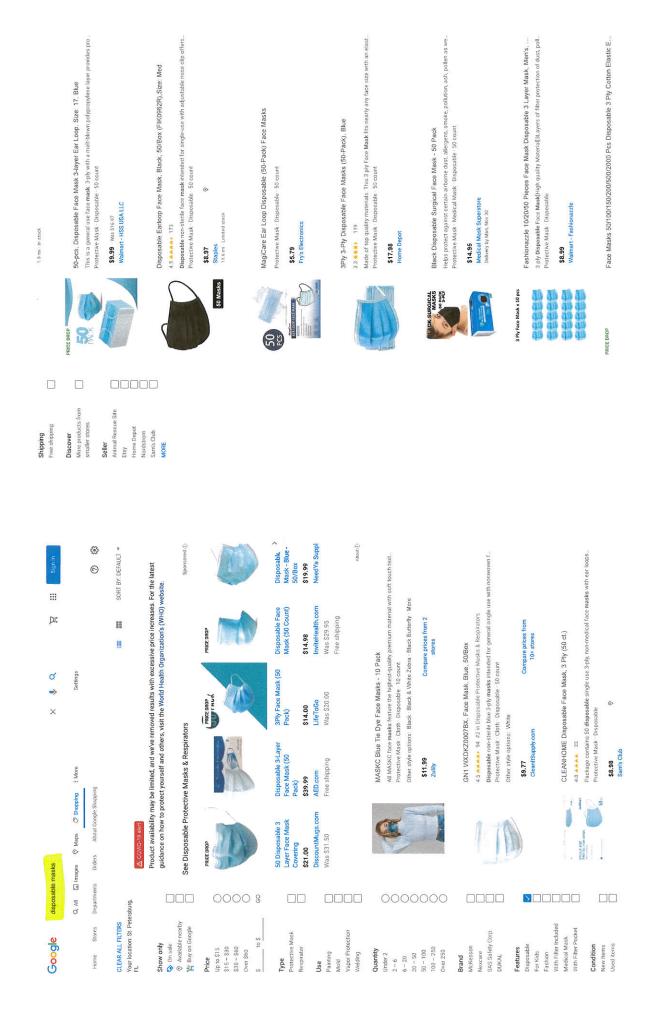
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CURBSIDE PICKUP

47 \*\*\*\*\* 450

\$2.29 Target Delivery by Fri, Dec 4

demX be







Bag includes 50 universal fit 3-ply adult non-medical **disposable** face **masks**? High-qualit... Protective Mask - Cloth - Disposable Briarwood Lane Disposable Face Masks - 50 Count

4.3 4444 75

N.

\$8.97

DO MANAN

\$14.99

\$14.99

10



\$9.99

PRICE DROP



Disposable Face Mask, 50 Count Made of high-quality cotton and non-woven filter cloth, \_\_\_\_\_\_\_ Protective Mask - Cloth - Disposable \$14.98 Was \$29.95 InviteHealth.com

Disposable Face Mask - 10ct - Up&Up

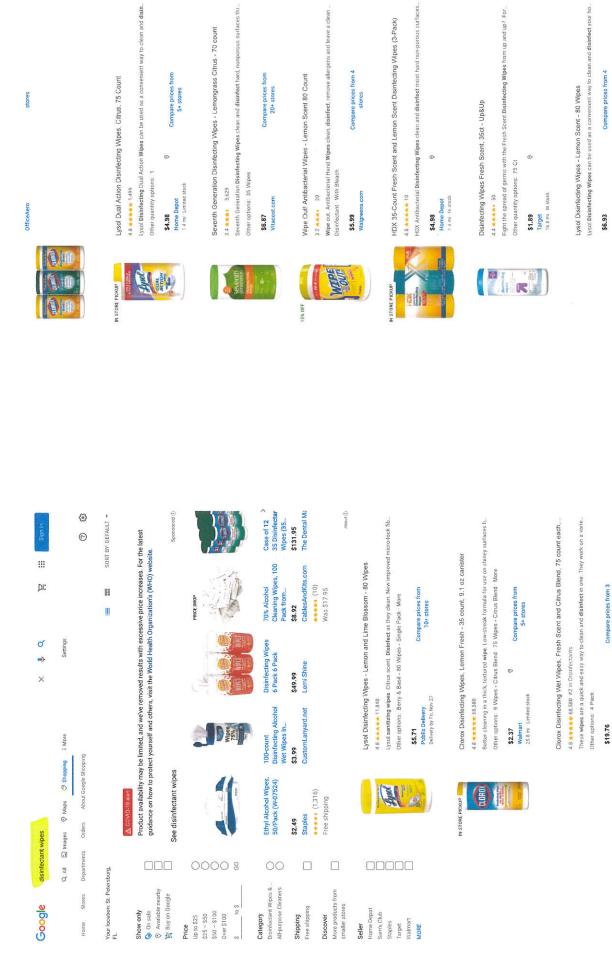
Up and up? Disposable Non-Medical Face Masks are made of three filtering layers, provi. Protective Mask - Disposable - 10 count 50 44444 1

\$6.99

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COM

Groupon.



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\$19.76





stores

W.B. Mason Delivery by Mon, Nov 30

Lysol Disinfecting Wipes, Lemon & Ocean Breeze - 4 pack, 320 wipes 47 \*\*\*\*\* 101

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OfficeAero \$20.62

IN STORE PICKUP



0 \$2.37 Walmart 1.7 mi - In stock



Lysol Disinfecting Wipes can be used as a convenient way to clean and disinfect your ho. 4.8 \*\*\*\*\* 5



\$10.53 OfficeAero

Good & Clean Disinfectant Wipes (36 per pk., 6 pk.)



Good & Clean Disinfecting Wipes can be used to keep hard surfaces clean and free from ... \$5.98 Sam's Club



7 in x 8 in. Kills cold & flu viruses (Influenza A2, Rhinovirus type 14). Tough cleaning in a t... Clorox Disinfecting Wipes, Fresh Scent, 35 wipes





well to germs in your office space with these assorted-scent disinf. Bid a not-so-fond far 

0 \$6.49 Staples 11.6 mi - In stock



### DocuSign Envelope ID: E520F27A-FBDC-4282-97ED-3043A427B7DC



I LINE THE REAL

IN STORE PICKUP

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PRICE DROP

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EUMA Q
DOGRAP IV.

INVOICE

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							Page 1 of 3
<b>DUNT NUMBER</b>	ACCOUNT NUMBER INVOICE NUMBER	INVOICE DATE	CUSTOWED MURDED				
			A CHICA RUNDER	AND CRUCK FOR CRUCK AND CRUCK #	SALES LOCATION	SALES REP	RATE ODREDEN
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FREIGHT TEDMO	CODIC SUBSCIE			_			
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	10101						
	10107/	NET 30 DAYS	4470				
BILL TO		01 0110					

US Foods, Inc.     P.O. SOX 281841       P.O. SOX 281841     ATLANTA, GA 30384-1841       ATLANTA, GA 30384-1841     STOP NUMES       BRIVER NAME:     Raymond Leon     ROUTE NUM       DRIVER NAME:     Raymond Leon     ROUTE NUM       DRIVER NAME:     300528     STOP NUM       LIME DETAILS     300528     STOP NUM       LINE DETAILS     A1     12/10 OZ       A1     12/10 OZ     B       MONOGRAM     6/84 EA       MONOGRAM     5/0 EA       <	COMM ACTIONS STOPS ABUSE PO BOX 414 SAINT PETERSBURG, FL 33731 SAINT MANGER									
HIPPED PATE:         TORE LANNA,TAMPA, FL.         DRIVER NAME:         Rymond Leon         ROUTE NUM           HIPPED DATE:         1015/2020         DRIVER ID:         305/28         STOP NUMBER         ROUTE NUM           MATE:         1015/2020         DRIVER ID:         305/28         STOP NUMBER         ROUTE NUM           MATE:         1015/2020         DRIVER ID:         305/28         STOP NUMBER         ROUTE NUM           MATE:         NUMBER         NUMBER         NUMBER         NUMBER         ROUTE NUM         ROUTE NUM           MATE:         NUMBER         NUMBER         NUMBER         NUMBER         NUMBER         ROUTE NUM         ROUTE NUM           MATE:         NUMBER         NUMBER         MATE         NUMBER         NUMBER         ROUTE         NUMBER		Ψ	CASA 2473 58TH AVE N SAINT PETERSBURG, I Dept: 0 (727) 895-4912		US Foods, Inc. P.O. BOX 281841 ATLANTA, GA 30384- (890) 282-9163	841				
IPPED DATE:         1015/2020         IPPED PATE:         30528         STOP NUMBER           20         CUMMITTY         NUMBER         INVOICE LINE DETAILS         INVOICE LINE DETAILS         INVOICE LINE DETAILS           2         2         0         CS         8017634         CONTAINER, FM.5/5/5/5151 CMPT         MONOGRAMM         684 EA         CONTAINER, FM.5/5/5/5151 CMPT         A1           2         2         0         CS         8017632         SAUCE, FIX A1 GLS BIT, SHLF         A1         (12)10 OZ         WEIGHT         PACK STZE         CODE         WEIGHT         P           2         2         0         CS         8017632         SAUCE, HOT RED PLST JUG SHLF         FRANKS         1 G2         B103025         SAUCE, FIX A1 GLS BIT, SHLF         A1         (21)0 OZ         P <t< td=""><td></td><td>ANNA, TAMPA,</td><td>, FL</td><td></td><td></td><td>mond I aon</td><td>4000</td><td></td><td></td><td></td></t<>		ANNA, TAMPA,	, FL			mond I aon	4000			
QUANTITY         SALES         PRODUCTIVE         SALES         PRODUCTIVE         INVOICE LIVE DETAILS           20         SHP         ADJ         UNIT         NUMBER         MONOCE LIVE         PACK SIZE         CODE         WEGHT         F           1         1         0         CS         561753.4         CONTAINER, FM.S.751 CMPT         MONOCRAM         664         F         PACK SIZE         CODE         WEGHT         F           2         2         0         CS         561753.4         CONTAINER, FM.S.751 CMPT         MONOCRAM         664         F				-		1528	STOP NU	NUMBER: 4470	0	
QUANTITY OUNDERY         SALES         PRODUCT         DESCRIPTION         LABEL         PACK SIZE         CODE         WEIGHT         R           1         1         0         CS         801/05/34         SAUCE, STK A-1 GLB BTL SHLF         A1         12/10 OZ         E         WEIGHT         R           2         2         0         CS         661/76/4         MONOGRAM         664 EA         MONOGRAM         664 EA         MONOGRAM         664 EA         MONOGRAM         664 EA         MONOGRAM         100 Z         205363         SAUCE, HOT RED PLST JUG SHLF         MONOGRAM         100 Z         2053         205363         SAUCE, HOT RED PLST JUG SHLF         MONOGRAM         100 Z         2053				INVOICE LIN	VE DETAR S					
1       1       0       CS       2003996       SAUCE, STK A-1 GLS BTL SHLF       A1       12/10.02         2       2       0       CS       6617534       CONTAINER, FM 5.78X.0.51 CMPT       MONOGRAM       668.EA       5         3       3       0       CS       6617534       CONTAINER, FM 5.78X.0.51 CMPT       MONOGRAM       668.EA       5         3       3       0       CS       6617674       CONTAINER, FM 5.5X.0.51 CMPT       MONOGRAM       502.55       5	SHP ADJ				LABEL	PACK SIZE		a.	UNIT	EXTENDED
1         0         CS         2003996         SAUCE, STK A-T GLS BTL SHLF         A1         12/10 OZ           2         2         0         CS         6617634         CONTAINER, FM.5./X6./75 LOMPT         MONOGRAM         6/84 EA         MONOGRAM         6/84 EA         5           3         3         0         CS         6617634         CONTAINER, FM.5./X6./75 LOMPT         MONOGRAM         6/84 EA         MONOGRAM         6/84 EA         5           3         3         0         CS         8013825         SAUCE, HW CHPG PLST JUG SHLF         FRANKS         15, GA         5           3         3         0         CS         8739930         FORK, HW CHPG PLST BULK PLST         MONOGRAM         50 EA         8           3         3         0         CS         873559         PAN, STMTBL FOLE FULK ST BULK PLST         MONOGRAM         50 EA         8           3         0         CS         873559         PAN, STMTBL FOLE FULK ST BEE         MONOGRAM         50 EA         86 EA         7         7           2         2         0         CS         8339045         INILK, WH. RBST FREE VITIN D         GLNW FRMS         48/15 FT         66/10.Z           1         1         -1<	DRY				_			UNIT	PRICE	PRICE
2         0         CS         5617534         CONTAINER, FMS, 575 (CMPT 6         MONOGRAM         664 EA           3         0         CS         6617674         CONTAINER, FMS, 57105 1 CMPT 6         MONOGRAM         664 EA         664 EA           2         2         0         CS         8739930         FORK, HW CHPG PLYST BULK PLST 6         MONOGRAM         664 EA         2128 EA           3         3         0         CS         8739930         FORK, HW CHPG PLYST BULK PLST 6         MONOGRAM         700 EA         B           3         3         0         CS         8357559         PAN, STMTBL FOLL FULL SZ DEEP 9         MONOGRAM         606 EA         B           3         0         CS         9357559         PAN, STMTBL FOLL FULL SZ DEEP 9         MONOGRAM         700 EA         B           3         0         CS         9357559         PAN, STMTBL FOLL FULL SZ DEEP 9         MONOGRAM         50 EA         B           2         2         0         CS         1778901         MULK, WH. RBST FREE VITMN D         GLNWW FRMS         48/5 FT           2         2         0         CS         6839045         CHEESE, MOZZ STRNG LIGHT IW         100 CK         168/1 OZ         20 <t< td=""><td>1 0</td><td>2003986</td><td></td><td>SHLF</td><td>A1</td><td>1 20 01/02</td><td></td><td></td><td></td><td></td></t<>	1 0	2003986		SHLF	A1	1 20 01/02				
3     3     0     CS     6617614     CONTAINER, FM3.5X10.5 1 GMPT     MONOGRAMM     27125 EA       2     2     0     EA     8013625     SAUCE, HOT RED PLST JUG SHLF     FRANKS     1 GA     B       3     3     0     CS     8739930     FORK, HW CHPG PLST JUG SHLF     FRANKS     1 GA     B       3     3     0     CS     8739630     FORK, HW CHPG PLST JUG SHLF     FRANKS     1 GA     B       3     3     0     CS     8739630     FORK, HW CHPG PLST BULK PLST     MONOGRAM     20156 A     B       3     3     0     CS     873553     PAN, STMTBL FOLL SZ DEEP     MONOGRAM     50 EA     B       2     2     0     CS     1778901     MILK, 1% LOW FAT CTN REF     GLNVW FRMS     481.5 PT       2     2     0     CS     6339045     CHEESE, MOZZ STRING LIGHT IW     GLNVW FRMS     481.5 PT       2     2     0     CS     839045     CHEESE, MOZZ STRING LIGHT IW     IAND O'LKS     168/1 OZ       2     0     CS     8339045     CHEESE, MOZZ STRING LIGHT IW     IAND O'LKS     168/1 OZ       2     0     CS     206523     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK	2 0	6617534	CONTAINER, FM 5.75X5.75	1 CMPT	A SOLUCION AND			cs	\$36.1700	\$36.17
2     2     0     EA     8013625     SAUCE, HOT RED FLST JUG SHLF     MONOGRAM     2/125 EA       3     3     0     CS     87393030     FORK, HW CHPG PLYST BULK PLST     MONOGRAM     2/126 B       3     3     0     CS     9357559     PAN, STIMTEL FOIL, FULL SZ DEEP     MONOGRAM     50 EA     B       2     2     0     CS     9357559     MILK, 1% LOW FAT CTN REF     GLNW FRMS     48/5 PT       2     2     0     CS     6393045     CHEESE, MOZZ STRNG LIGHT IW     GLNW FRMS     48/5 PT       1     1     -1     CS     6393045     CHEESE, MOZZ STRNG LIGHT IW     LANID OTLKS     168/1 OZ       2     2     0     CS     8393045     CHEESE, MOZZ STRNG LIGHT IW     LANID OTLKS     168/1 OZ       2     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZEN     Z     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK	3 0	6617674	CONTAINER FM 9 5410 5 1	Cador -	INICIACIÓN	6/84 EA		SS	\$21.6000	a \$43.20
3       0       CS       8739930       FORK, HW CHPG PLYST BULK PLST       FRANKS       1 GA       B       1 GA       <	2 0	R013675			MONOGRAM	2/125 EA		S	\$43.3200	\$129.96
3       3       0       CS       9357559       PAN, STMTBL FOIL FULL SZ DEEP       MONOGRAM       1000 EA       1000 EA         2       2       0       CS       9357550       MILK, 1% LOW FAI CTIN REF       GLNVW FRMS       48/.5 PT       1         2       2       0       CS       6530250       MILK, WH. RBST FREE VITIM ND       GLNVW FRMS       48/.5 PT       1         1       1       -1       CS       6530045       CHEESE, MOZZ STRNG LIGHT IW       LAND OLKS       168/1 0.2         2       2       0       CS       6530045       CHEESE, MOZZ STRNG LIGHT IW       LAND OLKS       168/1 0.2         2       2       0       CS       550250       MILK, HMBGR WHT 4" SLCD SCORD       HILL TOP HR       8/12 PK       N         2       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILL TOP HR       8/12 PK       N         2       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILL TOP HR       8/12 PK       N         3       AGE LOCATTON       A       14       14       0       14       3         2       2       0       CS       206623       BUN, HMBGR WHT				G SHLF	FRANK'S	1 GA	മ	EA	\$9.3700	\$18.74
0     0     0     05     935/559     PAN, STMTBL FOIL FULL SZ DEEP     MONOGRAM     50 EA       2     2     0     CS     1778901     MILK, WHL RBST FREE VITMN D     GLNVW FRMS     48/5 PT       2     2     0     CS     6350250     MILK, WHL RBST FREE VITMN D     GLNVW FRMS     48/5 PT       2     2     0     CS     6339045     CHEESE, MOZZ STRNG LIGHT IN     LAND O'LKS     168/1 OZ       2     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZI     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZI     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZI     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZI     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK       ZI     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     FILLTOP HR     8/12 PK	> 0			JLK PLST .	MONOGRAM	1000 EA		SS	\$31 3400	CU VOS
Z       0       CS       1778901       MILK, 1% LOW FAT CTN REF       GLNVW FRMS       48/.5 PT       48/.5 PT         Z       2       0       CS       633045       CHEESE, MOZZ STRNG LIGHT IN       GLNVW FRMS       48/.5 PT       1         1       1       -1       CS       633045       CHEESE, MOZZ STRNG LIGHT IN       GLNVW FRMS       48/.5 PT       1         Z       2       0       CS       6933045       CHEESE, MOZZ STRNG LIGHT IN       LAND O'LKS       163/1 OZ       163/1 OZ         ZEN       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       1         ZEN       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       1         ZeN       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       161/1 TOP HR       8/12 PK       1         ZeN       3       70       0       CS       163/1 OZ       1       1         ZeN       7       7       7       7       1       1       1       1       1       1       1       1       1       1       1       1       1	5			1.2	MONOGRAM	50 EA			00000000	70.100
2       0       CS       1778901       MILK, WHL RBST FREE VITMN D       GLNVW FRMS       48/.5 PT       48/.5 PT         2       2       0       CS       6350250       MILK, WHL RBST FREE VITMN D       GLNVW FRMS       48/.5 PT       48/.5 PT         1       -1       CS       6330045       CHEESE, MOZZ STRNG LIGHT IM       GLNVW FRMS       48/.5 PT       48/.5 PT         2       2       0       CS       6330045       CHEESE, MOZZ STRNG LIGHT IM       LAND OTLKS       168/1 0Z         ZEN         ZEN         Z       2       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       N         Z       2       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       N         Z       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       N         Z       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       FILLTOP HR       8/12 PK       N         RGE LOCATION       AGE LOCATION       SHIPPED       TOTAL PIECES       TOTAL PIECES       TOTAL PIECES	REFRIGERATED							3	00/0.004	\$1/0.01
2       0       CS       6350250       MILK, WHL RBST FREE VITMN D       GLNVW FRMS       48/.5 PT       48/.5 PT         1       -1       CS       6339045       CHEESE, MOZZ STRNG LIGHT IW       GLNVW FRMS       48/.5 PT       64/.5 PT         ZEN       2       0       CS       6339045       CHEESE, MOZZ STRNG LIGHT IW       168/1 OZ       168/1 OZ         ZEN       2       2       0       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       1         ZEN       STORAGE LOCATION       STORAGE LOCATION RECAPINS       A12 PK       N12       N1         AGE LOCATION       10       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       HILLTOP HR       8/12 PK       N1         RGE LOCATION       10       CS       206623       BUN, HMBGR WHT 4" SLCD SCORD       TOTAL PIECES	2 0	Γ	MILK. 1% LOW FAT CTN RE		Of all and the second					
1     1     -1     CS     6939045     CHEESE, MOZZ STRNG LIGHT IW     48/.5 FT     48/.5 FT       ZEN     ZEN     ZEN     LAND OLKS     168/1 OZ     168/1 OZ       ZEN     Z     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     N       Z     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     N       Z     3     STORAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES       RGE LOCATION     10     CS     SHIPPED     AJUSTED     DELIVERED     SHIPPED       CEN     5     5     5     1     4     3	2 0		MILK WHI RESTERED		GLNVW FRMS	48/.5 PT		S	\$16.4200	\$32.84
Zen     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     1       Zen     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     1       RaGE LOCATION     FORAGE LOCATION     FORAGE LOCATION RECAP(N)     FOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     SHIPPED       RIEPED     14     14     0     14     14     0     3       CEN     5     5     1     4     3	1 -1		CHEESE WOYZ STOND IN		GLNVW FRMS	48/.5 PT		cs	\$17.4900	\$34.98
2     2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     N       STORAGE LOCATION RECAP(N)       RAGE LOCATION     TOTAL PIECES		7	AITTON' INDEE OF KING FIG		LAND O'LKS	168/1 OZ		S	\$34.1500	\$0.00
2     0     CS     206623     BUN, HMBGR WHT 4" SLCD SCORD     HILLTOP HR     8/12 PK     N       RAGE LOCATION     STORAGE LOCATION RECAP(N)     STORAGE LOCATION RECAP(N)     STORAGE LOCATION RECAP(N)     STORAGE LOCATION RECAP(N)       RAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL RECAP(N)       RAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL RECAP(N)       RAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL RECAP(N)       RAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL RECAP(N)       RECAPILED     5     1     4     3       REN     5     1     4     3										
RAGE LOCATION     STORAGE LOCATION RECAP(N)       RAGE LOCATION     TOTAL PIECES       TOTAL PIECES     TOTAL PIECES       TOTA	2 0 CS		BUN, HMBGR WHT 4" SLCD	SCORD	HILLTOP HR	8/12 PK		CS	\$29.9400	\$59.88
RAGE LOCATION     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES     TOTAL PIECES       ORDERED     SHIPPED     ADJUSTED     DELIVERED     SHIPPED       VIGERATED     5     14     14     0       ZEN     5     5     1     4     3				STORAGE LOCAT	TON RECAPINI					
VIGERATED     5     101AL PIECES     TOTAL PIECES     TOTAL PIECES       ORDERED     SHIPPED     ADJUSTED     DELIVERED     SHIPPED       VIGERATED     5     14     14     0     14     6       ZEN     5     5     1     4     3	STORAGE LOCATION		TOTAL DEC	Ľ	(w) more man					
14     14     0     14     0       RIGERATED     5     5     1     4       ZEN     2     0     5     5			ORDER		TOTAL PIECES ADJUSTED	TOTAL PIECES	TOTAL ITEMS		TOTAL WEIGHT TOTAL EXTENDED	EXTENDED
ERATED 5 5 4 4	UKY		-		0	V.		10	1110	LAN
4	REFRIGERATED				,,,	t			150.60	\$492.10
~	FROZEN					4	0		103.32	\$67.82
0				2 2	0	2	<b>~</b>		30.00	\$59.88

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# INVOICE

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31114648         2545492         10/29/2020           FREIGHT TERMS         ORDER NUMBER         PAYMENT           FREIGHT TERMS         ORDER NUMBER         PAYMENT           Iddate         747271         NET 30 DAN           BLL TO         SHIP TO         SHIP TO           COMM ACTIONS STOPS ABUSE         CASA           SAINT PETERSBURG, FL 33731         SHIP TO           COMM ACTIONS STOPS ABUSE         CASA           PO BOX 414         SAINT PETERSBURG, FL 33731         SHIP TO           COMM ACTIONS STOPS ABUSE         CASA         PO BOX 414           SAINT PETERSBURG, FL 33731         SHIP TO         CASA           OD00-0000         O000-0000         (727) 895-44           COMM ACTIONS STOPS ABUSE         CASA         PO EX           SAINT PETERSBURG, FL 33731         SAINT PETERSBURG, FL 33731         SAINT PETERSBURG, FL 33731           SAINT PETERSBURG, FL 33731         SAINT PETERSBURG, FL 33731         SAINT PETERSBURG, FL 33731           SAINT PETERSBURG, FL 33731         SAINT PETERSBURG, FL 33731         SAINT PETER, WHP           SAINT PETER         J0/25/50         MILK, WHL RB           S3         0         CS         SALAD MIX, SI	29/2020 51113629	0		And in the local section of th					
GHT TERMS         ORDER NUMBER           TA         747271           TA         747271           M ACTIONS STOPS ABUSE         MACTIONS STOPS ABUSE           M ACTIONS STOPS ABUSE         10/29/2020           IPPED FROM:         7004 E. HANNA, TAMPA, INMPAR           IPPED PATE:         10/29/2020           IPPED PATE:         10/28/200           I         1         0           I         1         0         1778901           I         1         0         CS         6350250           I         1         0         CS         63560250				3103		1852	<u></u>	10/28/2020	
TO     747271       TO     To       M ACTIONS STOPS ABUSE       M ACTIONS STOPS ABUSE       X002414       X1 PETERSBURG, FL 33731       X1 MANGER       X2 MANAGER       X2 MANA	PAYMENT TERMS ROUTE	ROUTE NUMBER SP	SPECIAL INSTRUCTIONS	NS					
TO       IM ACTIONS STOPS ABUSE       IM ACTIONS STOPS ABUSE       SOX 414       SOX 414       IT PETERSBURG, FL 33731       SOX 414       IN ACTIONS STOPS ABUSE       SOX 414       IN ACTIONS STOPS ABUSE       SOX 414       IN ANAGER       IO00-0000       IO00-0000       IO00-0000       IO/29/2020       IO/29/2020       IO/29/2020       IO/29/2020       IO/29/2020       IO/29/2020       IO/29/2020       IO/20/2020       IO/20/20/2020       IO/20/2020       IO/201       IO/201       IO/201       IO/201       II       IO/201       IO/201       IO/201       IO/201       IO/201       IO/201       II       II       II       II       II <t< td=""><td>NET 30 DAYS 4710</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	NET 30 DAYS 4710								
IM ACTIONS STOPS ABUSE       IT PETERSBURG, FL 33731       IT PETERSBURG, FL 33731       IT PETERSBURG, FL 33731       IT MANAGER       IN SALES       IN SALES <td>IP TO</td> <td>RE</td> <td>REMIT TO</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	IP TO	RE	REMIT TO						
PPED FROM:         7004 E. HANNA, TAMPA,           PPED DATE:         10/29/2020           QUANTITY         SALES         PRODUCT           2         2         0         CS         6617674           1         0         CS         6617675         1           1         0         CS         651763         2           3         3         0         CS         6350250         2           2         2         0         CS         65668877         2	CASA 2473 58TH AVE N SAINT PETERSBURG, FL 33714 Dept.: 0 (727) 895-4912		US Foods, Inc. P.O. BOX 281841 ATLANTA, GA 30384-1841 (800) 282-9163	341					
PFED DATE:         10/29/2020           QUANTITY         SALES         PRODUCT           D         SHP         ADJ         NUMBER           2         2         0         CS         4301834           1         1         0         CS         6617674           1         1         0         CS         877563           3         3         0         CS         6350250           3         0         CS         6568877		DR	DRIVER NAME: Abn	Abner Torres	ROU	ROUTE NUMBER:	t: 4710		
QUANTITY         SALES         PRODUCT           0         SHP         ADJ         UNIT         NUMBER           2         2         0         CS         2008860           2         2         0         CS         4301834           2         2         0         CS         4301834           2         2         0         CS         6617674           1         1         0         CS         877563           3         3         0         CS         6350250           3         3         0         CS         6350250		DR	DRIVER ID: 9041	904154127	STOR	STOP NUMBER:	10		
QUANTITY         SALES         PRODUCT           D         SHP         ADJ         UNIT         NUMBER           2         2         0         CS         4301860           2         2         0         CS         4301834           2         2         0         CS         4301834           2         2         0         CS         4301834           1         1         0         CS         6617674           1         1         0         CS         877563           3         3         0         CS         6350250           3         3         0         CS         6568877		INVOICE LINE DETAILS	: DETAILS						
2     2     0     CS     2008860       2     2     0     CS     4301834       2     2     0     CS     4301834       2     2     0     CS     4301834       1     1     0     CS     6617674       1     1     0     CS     877563       3     3     0     CS     877563       3     3     0     CS     6350250       2     2     0     CS     6568877	RIPTION		LABEL	PACK SIZE	CODE WEI	WEIGHT PRIC	PRICING UNIT UNIT PRICE		EXTENDED PRICE
0 CS 2008860 0 CS 4301834 0 CS 6617674 0 CS 877563 0 CS 877563 0 CS 877563 0 CS 6350250 0 CS 6350250									
0 CS 4301834 0 CS 6617674 0 CS 700575 0 CS 877563 0 CS 877563 0 CS 6350250 0 CS 6350250	MUSTARD, YLW SS POUCH		HEINZ	500/.2 OZ		CS		\$10.7800	\$21.56
0 CS 6617674 0 CS 700575 0 CS 877563 0 CS 1778901 0 CS 6350250 0 CS 6568877	DRESSING, RANCH BTRMLK SS		AMERICANA	200/12 GR		cs		\$5.6000	\$11.20
0 CS 700575 0 CS 877563 0 CS 877563 0 CS 6350250 0 CS 6350250	CONTAINER, FM 9.5X10.5 1 CMPT		MONOGRAM	2/125 EA		cs		\$43.3200	\$86.64
1         0         CS         700575           1         0         CS         877563           3         0         CS         877563           3         0         CS         877563           3         0         CS         877563           2         0         CS         6350250           2         0         CS         6568877									
1         0         CS         877563           3         0         CS         1778901           3         0         CS         6350250           2         0         CS         6568877	BUTTER, WHPD SALTD SS CUP REF		GLNVW FRMS	720/5 GR		cs		\$23.5700	\$23.57
3         0         CS         1778901           3         0         CS         6350250           2         0         CS         6568877	BUTTER, CNTNL CHIP 47 CT SALTD		GLNVW FRMS	4/4.25 LB		cs		\$47.6700	\$47.67
3 0 CS 6350250 2 0 CS 6568877	MILK, 1% LOW FAT CTN REF		GLNVW FRMS	48/.5 PT		CS		\$15.3400	\$46.02
2 0 CS 6568877	MILK, WHL RBST FREE VITMN D		GLNVW FRMS	48/.5 PT		S		\$16.3500	\$49.05
	SALAD MIX, SPRG MIX W/ RMN &		CROSS VALY	4/2 LB		CS		\$33.7300	\$67.46
READY	READY TO EAT - Please refer to re	refer to return policy						_	
		STORAGE LOCATION RECAP(N)	ION RECAP(N)						
STORAGE LOCATION	TOTAL PIECES ORDERED	TOTAL PIECES SHIPPED	TOTAL PIECES ADJUSTED	TOTAL PIECES DELIVERED	TOTAL ITEMS SHIPPED		TOTAL WEIGHT TOTAL EXTENDED SHIPPED PRICE	rotal exti	PRICE
DRY	9	9	0	9		8	45.78		\$119.40
REFRIGERATED	10	10	0	10		5	195.86		\$233.77
DELIVERY SUMMARY TOTALS	16	16	0	16		8	241.64		\$353.17

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