

# Application Form

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## *Organization Information*

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

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### Organization Name\*

Girls Inc of Pinellas

### Proposal Name\*

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

Purchase of 2 Vans

### EIN\*

590970201

### Incorporation Year\*

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

1961

### Organizational Mission Statement\*

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

Inspiring all girls to be strong, smart and bold.

### Unique Entity ID (SAM)

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

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

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

Character Limit: 12

### Annual Operating Budget Size\*

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

\$655,500.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$134,000.00

### Parent Non-Profit/Subsidiaries\*

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

#### Example

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

No

## *Request Specifics*

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### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Girls Inc is a national organization that has been in existence for over 150 years with a reputation of creating gender-specific programs that are research-based and field-tested. Girls Inc focuses on academic enrichment and support, healthy living, and life skills in a unique, well-rounded approach to youth development. For more than 60 years, Girls Inc of Pinellas has been the only agency to provide youth development specific to girls as a licensed childcare facility. Girls Inc facilitates workforce participation of hundreds of low/moderate income families. Girls Inc provides a unique continuity of care for these families, enabling their children to build cohesive relationships with peers and role models within a setting that builds their confidence to grow into successful adults.

Our Mission is to inspire ALL girls to be strong (healthy), smart (educated), and bold (independent).

Girls Inc teaches healthy living for girls to make informed decisions, resist peer pressure, avoid risky behaviors, and take charge of their health. We provide academic enrichment for girls to increase their love of learning, improve performance in school, aspire to and plan for education beyond high school, and explore non-traditional careers. Girls build life skills to set and achieve goals and increase resilience in the face of obstacles to live productive and fulfilling lives. Girls Inc of Pinellas provides multi-faceted approach to assisting girls in realizing their potential and paving the way for future success. We provide intentional programming in the areas of academic enrichment and support, healthy living, and life skills.

## Community Need\*

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

Girls Inc of Pinellas is located at 7700 61st Street North in the city of Pinellas Park. This Lealman neighborhood area has the highest percentage of people living at/below the poverty line in Pinellas County (21.5% - <https://www.census.gov/quickfacts/lealmancdpflorida> ) with associated health, employment, and home insecurity issues.

Household Composition:

27% live with both parents

11% live with grandparents or kin

62% single parent households

Financial Assistance:

79% of girls attending hold a free or reduced lunch status in the Florida Department of Health, Child Care Food Program.

Girls face obstacles in society and their ability to navigate these challenges determines their path of success. 1 in 4 girls will not finish high school. 30% of teen girls drop out due to pregnancy. Declined academic performance in school often results from feeling unsafe and can also lead to drop outs (68% of girls vs 28% of boys report being impacted by sexual harassment). A girl's potential to be healthy and economically independent is at risk and children of high school dropouts are less likely to graduate, perpetuating a cycle. Girls Inc utilizes a logic model to identify short term, intermediate, and long-term goals, with specific core-essential services to address these outcomes. Our theory of change states that we "equip girls to navigate gender, economic, and social barriers and grow into healthy, educated, and independent adults." Our unique Girls Inc Experience consists of an environment, people, and programming that empower girls to succeed. For more than 60 years, we been the only agency to provide development specific to girls as a licensed facility. Girls Inc facilitates workforce participation of hundreds of low/moderate income families by providing a unique continuity of care for these families, enabling their children to build cohesive relationships with peers and role models within a setting that builds their confidence to grow into successful adults.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

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

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

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

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

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

Girls Inc of Pinellas responded to the COVID 19 crisis in 2020 by providing an on-site resource for the many working parents/guardians that need a safe place for their children during school and early evening hours. Providing these expanded services substantially diminished our programming income between 2019 (\$127,000) and 2020 (\$76,638) by approximately 40%.

While our local school districts had closed their physical buildings, students were still being required to complete daily assignments. This was particularly difficult for elementary aged students.

Girls Inc supported students in completing their class assignments as provided by their local teachers, while creating a safe and productive environment.

Additionally Pinellas County had provided specific guidelines during this crisis for our local licensed childcare centers as follows:

“Childcare facilities providing services that enable employees employed by employers exempted in this Emergency Order to work as permitted. Childcare facilities should operate under the following conditions: Childcare must be carried out in stable groups of 10 or fewer (inclusive of childcare providers for the group); children and childcare providers shall not change from one group to another; if more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix or interact with each other, or have access to or use the same objects, materials, or surfaces without sanitization. Any child or employee exhibiting symptoms consistent with COVID-19 illness shall not be allowed to stay in the childcare facility.”

Prior to the crisis, Girls Inc provided afterschool programming from 3pm -6:00pm for \$65 per week. During COVID-19 ALL FEES WERE DROPPED and services were offered free of charge and the following programming was provided:

1. All day care from 6:30am -6:00pm for girls from 5 - 18 years of age
2. Classroom settings at a maximum of 9
3. Serving 3 daily meals alternating cafeteria mealtimes to limit groups to 10 or less
4. Daily support with completing and posting class assignments as provided by local teachers
5. Daily outdoor play for groups of 9 at a time - sanitizing play area after each group play activity



## Proposal Description\*

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

Please describe your purchase proposal and address the following:

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

What will you be purchasing with these funds?

Two 12-Passenger vans that were a part of our strategic plan

What is the estimated lifespan of the purchase/improvement?

The vans will be used for approximately 7 to 10 years

How does it address the negative economic harm you described in the previous question?

Based on the impact to our revenue as outlined below (loss of 40% of our programming fees), our ability to expand the number of girls we serve as per our strategic plan has been limited.

## Guiding Principles - Client Impact\*

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

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

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

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

Girls Inc facilitates workforce participation of hundreds of low/moderate income families by providing a high-quality affordable continuity of care for girls and their families. We continue to offer 100% scholarships to girls of first responder and military families and work diligently to provide financial support for families who are a part of the ALICE community.

Coming out of the COVID-19 crisis, saw many of our girls and their families struggling to re-stabilize. Girls Inc continued to provide the support our families needed by offering scholarships through their re-stabilization process. The purchase of these vans will allows us to expand the number of girls to whom we can continue to provide this much needed support.

## Number Served\*

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

400

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

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

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

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

Unduplicated

## Other (Explanation Required)

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

N/A

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

To assess if your organization serves or is headquartered in a QCT, use the following link:

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

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

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

### Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>  
7700 61st Street North, Pinellas Park, FL 33781

### QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

No

## Purchase Location\*

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

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

Girls Inc of Pinellas provides primary programming at 7700 61st Street North, Pinellas Park, FL 33781.

## QCT Determination - Purchase\*

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

No

## Community Connection

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

## Community Representation and Connection\*

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

At Girls Inc. we create a diverse, inclusive, equitable environment where all can thrive, as that is what is required to inspire all girls to be strong, smart, and bold. Girls Inc. seeks to hire, retain, and personally and professionally support talented people who come from a wide range of races, ethnicities, cultures, nationalities, ages, gender identities, sexual orientations, religions, socioeconomic backgrounds and abilities. We believe that when we bring together a diverse employee community and make a sincere and intentional commitment to equitable and inclusive policies, practices, and actions, we are a better organization. Seeking out a range of ideas and perspectives leads to better problem-solving. Working in diverse teams broadens dialogue and promotes creativity, ultimately being more effective as we execute our mission and model the world we want to see.

Offering continuity of services since 1961 in Pinellas County, Girls Inc is imbedded in the community and known as a go-to resource for quality out of school programming for school age girls.

### Leadership Demographics - Board Membership\*

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

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

BIPOC  
LGBTQ+

### Leadership Demographics - Executive Level Leadership Team\*

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

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

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

BIPOC

### Leadership Demographics - CEO/Executive Director\*

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

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

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

BIPOC

## *Proposal Costs*

### Purchase Estimates/Bids\*

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

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

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

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

Two Estimates \_ Van Purchase\_Girls Inc of Pinellas\_2022.pdf

### Sole Source\*

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

N/A

### Related Parties\*

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

#### Examples of Related Parties

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

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No parties related

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

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

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

ARPA-Budget-Template-Small-Purchases\_Girls Inc of Pinellas.xlsx

Please see the budget summary attached.

## Other Funding Sources\*

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

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

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

Schoen Foundation annually provides approximately \$85,000 to Girls Inc of Pinellas.

We have requested an additional \$10,000 toward the purchase of vans.

Additionally, our annual Celebrating Women in STEAM fundraising Luncheon will return to face to face this fiscal year and we anticipate an additional \$40,000 in operating dollar to support the increased cost of the vans, insurance and maintenance.

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

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

This project will increase administrative costs by adding an additional vehicle requiring registration and insurance fees. These additional costs are accounted for in our 2022-23 annual budget where our expected revenue is on course to exceed our 2021-2022 revenue by approximately \$80,000. Replacing our older van will help to mitigate the new expenses in that the cost of maintenance and repairs will decrease. To clarify, the purchase of two new vans will allow us to add an additional route to our current afterschool pick up and to replace the older van still in our fleet.

Programming costs will increase on a minimal level (approximately \$3000) with an anticipation of approximately 20 additional students for our food allocation and materials. This cost increase is also accounted for in our 2022-23 annual budget. Staffing costs will not increase in that the additional 20 students will bring each classroom to full capacity and no additional staff will be required.

## *Organization Documentation*

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

### **Organization Budget\***

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

2021-2022 GIRLS INC BUDGET.pdf

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

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Girls Inc of Pinellas\_BoardList\_With Images.pdf

### **IRS Form 990\***

Please upload a PDF copy of your most recently submitted IRS Form 990.

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

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

Only PDF files are permitted.

Form 990 Girls Incorporated of Pinellas 09\_30\_2020.pdf  
990 Attached.



## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Girls Inc of Pinellas Audit Report\_ 2021.pdf  
Attached.

## Insurance Requirements

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### Evidence of Insurance Coverage\*

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

Please upload evidence of insurance.

**If your organization does not have evidence of insurance coverage, please provide an explanation as to why.**

22-23 Business Auto Insurance Policy\_Girls Inc of Pinellas.pdf

Attached is the business auto insurance policy. All other property and personnel insurances are also maintained and available, if needed.

### Insurance Requirement\*

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

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

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

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

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

## *Post-Grant Requirements*

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### **Reporting Requirements Acknowledgment\***

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

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

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

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

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

## *Additional Information*

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### **Budget Summary**

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

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

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

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

N/A

### **Additional Upload**

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

### **Anything else to share?**

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

### **Brief Project Descriptor**

Please briefly describe this organization's request.

## File Attachment Summary

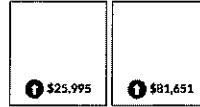
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### *Applicant File Uploads*

- Two Estimates \_ Van Purchase\_Girls Inc of Pinellas\_2022.pdf
- ARPA-Budget-Template-Small-Purchases\_Girls Inc of Pinellas.xlsx
- 2021-2022 GIRLS INC BUDGET.pdf
- Girls Inc of Pinellas\_BoardList\_With Images.pdf
- Form 990 Girls Incorporated of Pinellas 09\_30\_2020.pdf
- Girls Inc of Pinellas Audit Report\_ 2021.pdf
- 22-23 Business Auto Insurance Policy\_Girls Inc of Pinellas.pdf

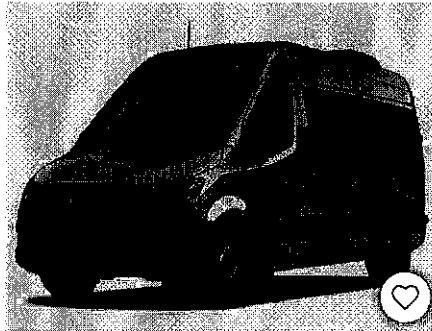
Estimate #1 \$70,887

←  
All results



**2022 Mercedes-Benz Sprinter 2500 170 V6 High Roof Passenger Van RWD - \$70,887**  
Tampa, FL · Home delivery available

Send to phone  
  
Email



We are online Chat

Contact dealer (813) 590-6726

Hello, my name is  First name  Last name  and  
I'd like to know your best p...  2022 Mercedes-Benz  
Sprinter. I'm in the  ZIP  area. You can reach me by  
email at  Email Address  or by phone  
at  123-456-7890 (optional)

Thank you!

[+ Add comments](#)

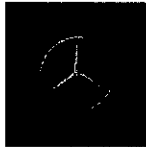
Email me new listings for my search

[Send message](#)

By submitting my contact information on CarGurus, I agree to receive communications from CarGurus, from the vehicle's seller, and from the seller's agents. If I include my phone number, I agree to receive calls and text messages (including via automatic) that cannot opt out at any time. I also agree to the [Terms of Use and Privacy Policy](#), which explain how my data is used to better understand my vehicle shopping interests. This consent is not required as a condition of purchase. Standard message and data rates may apply.

**Mercedes-Benz of Tampa**

www.mboftampabay.com



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 4400 North Dale Mabry Highway  
Tampa, FL 33614  
 Map & directions  
 View inventory

**Vehicle details**

9 miles	Automatic	4X2
Diesel	188 hp 3L V6 Diesel	Black

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[View financing options](#)

<b>Dealer's Price:</b>	<b>\$70,887</b>
<b>MSRP:</b>	<b>\$70,887</b>
<b>Location:</b>	Tampa, FL
<b>Mileage:</b>	9 miles
<b>Transmission:</b>	Automatic
<b>Exterior Color:</b>	Black
<b>Engine:</b>	188 hp 3L V6 Diesel
<b>Drivetrain:</b>	4X2
<b>Fuel Type:</b>	Diesel
<b>VIN:</b>	W1Z4EGHY0NT108377
<b>Stock #:</b>	CMT223055



**2022 Mercedes-Benz Sprinter**  
Mileage: 9 · Tampa, FL

**\$70,887**

[Request Information](#)

## Major Options

### Option

Parking Package  
Blind Spot Assist  
High-Performance Rear Air Conditioning Package  
Comfort Package  
Driver Convenience Package  
Chrome Grille Package  
Passenger Accessibility Package  
Parametric Special Module (PSM)  
Electric Sliding Step  
Premium Package  
Radio: MBUX Multimedia System W/7" Touchscreen  
Rear Comfort Package  
Active Distance Assist DISTRONIC  
Electric Sliding Door Right  
Parking Package W/360 Degree Camera  
THERMOTRONIC Automatic Climate Control  
360 Degree Camera

## Negotiation

Active Lane Keeping Assist



9 days on CarGurus  
5 saves ♥



Price history  
No price changes

## Price Analysis

CarGurus price guidance for a similarly equipped 2022 Mercedes-Benz Sprinter 2500 170 V6 High Roof Passenger Van RWD:

Fair Price	Good Price	Great Price
\$78,854	\$74,102	\$71,385

## Optional home delivery

This car is at a local dealership. Commit to buying and get it dropped off in your driveway for free. Contact Mercedes-Benz of Tampa for full details and conditions. Free for buyers within 25 miles of the dealership.

## Dealer's description

Black 2022 Mercedes-Benz Sprinter 2500 Passenger 170 WB High Roof RWD 7G-TRONIC 7-Speed Automatic 3.0L V6 Turbodiesel Recent Arrival!

### Additional Information

3.923 Axle Ratio, 6.5J x 16 Steel Wheels, Bucket Seats, Maturin Fabric Upholstery, Radio: Standard, Radio: MBUX Multimedia System w/7 Touchscreen, Leather Steering Wheel, Parametric Special Module (PSM), Active Distance Assist DISTRONIC, Interior Rear View Mirror, Electrically Folding Exterior Mirrors, 3-Button Keys, 2 Additional Master Keys, THERMOTRONIC Automatic Climate Control, Blind Spot Assist, Active Lane Keeping Assist, Parking Package w/360 Degree Camera, Rain Sensor, Instrument Cluster w/Color Display, ATTENTION ASSIST, Electric Sliding Door

## Dealer reviews

★★★★★ 44 reviews



2022 Mercedes-Benz Sprinter  
Mileage: 9 - Tampa, FL

\$70,887

Request information



Add your review

776

Read 44 reviews

All reviews are verified visits to the dealer. [Learn More](#)

- 1 Estimate your payment
- 2 Get pre-qualified
- 3 Shop with real, personalized rates

[View financing options](#)

Already pre-qualified? [Retrieve your offer](#)

*\*Estimated payments are for informational purposes only and may or may not account for financing pre-qualifications, acquisition fees, destination charges, tax, title, and other fees and incentives or represent a financing offer or guarantee of credit from the seller. APR depends on actual loan terms.*

Notify me when the price drops.

Email address

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United States (EN)

Estimate #2 \$71,235





**2022 Mercedes-Benz Sprinter  
Passenger High Roof V6**

**\$71,235**

est. \$1,027/mo

46 miles | Lakeland, FL

(863) 261-9562    Share

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See the extended warranties available for this vehicle. [See rates](#)

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By submitting this form, I agree to Autolist fulfilling my request by providing my information, including all details provided herein, to the vehicle seller and their affiliates, and I agree to receiving calls and text messages about vehicles from the seller and their affiliates at the number provided (including via autodial or prerecorded calls) and via other contact information I have provided. This consent is not required as a condition of purchase. I also acknowledge that I have read and agree to the Terms of Use & Privacy Policy.

**AUTOLIST PRICE ANALYSIS**

Get the free

THIS VEHICLE  
**\$71,235**

**Below Market**  
Priced below similar vehicles

**Market Price**  
Priced around the same as similar vehicles

**Above Market**  
Priced above similar vehicles

**PRICE HISTORY**



No price change history

**VEHICLE INFORMATION**

Trim	High Roof V6	Transmission	automatic
Engine	63.0 L	Drivetrain	4X2
VIN	W1Z4EGHY6NT081606	Exterior Color	Black
Condition	new	Mileage	46
Body Style	van	Stock #	NT081606

**KEY FEATURES**

INTERIOR

EXTERIOR





Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
INCOME			
Contributions			
403 City of Pin. Park Contribution	35,000.00	5.34%	
404 Foundations	165,000.00	25.17%	
420 Individual Contributions	45,500.00	6.94%	
421 Corporate Contributions	20,000.00	3.05%	
422 Civic & Other Contributions	2,500.00	0.38%	
<b>Total Contributions</b>	<b>268,000.00</b>	<b>40.88%</b>	
Events			
407 Stem Luncheon	70,000.00	10.68%	
417 Gala Event Income	80,000.00	12.20%	
460 Fundraising events	10,000.00	1.53%	
<b>Total Events</b>	<b>160,000.00</b>	<b>24.41%</b>	
Grants			
400 United Way Contributions	0.00	0.00%	
401 United Way Summer	50,000.00	7.63%	
410 Misc. Grants	0.00	0.00%	
411 Girls Inc Natl Grants	50,000.00	7.63%	
413 Government (Federal, State, County & City)	20,000.00	<b>3.05%</b>	
<b>Total Grants</b>	<b>120,000.00</b>	<b>18.31%</b>	
Other Income			
440 Rental Income	0.00	0.00%	
495 Interest Income	0.00	0.00%	
491 Payroll Protection Program	0.00	0.00%	
499 Misc. Revenue	500.00	0.08%	
<b>Total Other Income</b>	<b>500.00</b>	<b>0.08%</b>	
Program Fees			
431 School Year Fees	25,000.00	3.81%	
432 Summer Camp Fees	55,000.00	8.39%	

Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
433 ELC/CCC Monthly Support	17,000.00	2.59%	
450 St of FL - C C F P	10,000.00	1.53%	
Total Program Fees	<b>107,000.00</b>	<b>16.32%</b>	
<b>TOTAL INCOME</b>	<b>655,500.00</b>	<b>100.00%</b>	
Gross Profit			
EXPENSES			
<b>Administrative Expenses</b>			
Event Expenses			
507 STEM Luncheon or STEAM Expense	7,000.00	1.07%	
517 Gala Expense	7,000.00	1.07%	
539 Fundraising Event Expenses	500.00	0.08%	
Total Event Expenses	<b>14,500.00</b>	<b>2.21%</b>	
516 Networking	120.00	0.02%	
523 Food - other	82.50	0.01%	
524 Office supplies	65.00	0.01%	
529 Technology	960.00	0.15%	
557 Equipment Lease/R&M	513.00	0.08%	
572 Telephone/internet	500.00	0.08%	
580 Licenses & Permits	250.00	0.04%	
581 Dues - Organizations	550.00	0.08%	
582 Dues - Girls Inc.	800.00	0.12%	
583 Awards & Recognition	50.00	0.01%	
593 Postage	600.00	0.09%	
595 Printing	100.00	0.02%	
601 Staff Recruitment	80.00	0.01%	
602 Board Retention/ Recognition	200.00	0.03%	
615 Staff appreciation	150.00	0.02%	
700 Bank and Credit card fees	3,000.00	0.46%	
701 Late fees & interest	3,000.00	0.46%	
Total: 516-999	<b>11,020.50</b>	<b>1.68%</b>	
Insurance			

Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
574 Property/Liab Insurance	1,760.00	0.27%	
577 Officer & Director Insurance	1,070.00	0.16%	
<b>Total Insurance:</b>	<b>2,830.00</b>	<b>0.43%</b>	
Occupancy			
542 Electricity	1,425.00	0.22%	
543 Water, Sewer & recycling	300.00	0.05%	
547 Security/Fire	340.00	0.05%	
555 Property R&M	670.00	0.10%	
556 Grounds R&M	400.00	0.06%	
889 Capital Assets		0.00%	
<b>Total Occupancy:</b>	<b>3,135.00</b>	<b>0.48%</b>	
Personnel			
500 Salaries	121,100.00	18.47%	
502 Health & Life Insurance	7,992.00	1.22%	
503 FICA	8,983.60	1.37%	
504 Unempl. Tax	1,073.00	0.16%	
505 Workers Comp Insur	555.00	0.08%	
506 TSA Match	3,000.00	0.46%	
560 Mileage	1,000.00	0.15%	
<b>Total Administrative Personnel:</b>	<b>143,703.60</b>	<b>21.92%</b>	
Professional Fees			
511 Audit, Tax, Bookkeeping	28,500.00	4.35%	
514 Outside Services			
	3,700.00	0.56%	
<b>Total Professional Fees:</b>	<b>32,200.00</b>	<b>4.91%</b>	
562 Staff Training	220.00	0.03%	
563 Travel & Lodging		0.00%	
<b>Total Training &amp; Travel :</b>	<b>220.00</b>	<b>0.03%</b>	
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>207,609.10</b>	<b>31.67%</b>	

Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
<b>Program Expenses</b>			
516 Networking	680.00	0.10%	
520 Program non ed supplies	2,500.00	0.38%	
522 Food - Breakfast & snack	8,500.00	1.30%	
523 Food - other	467.50	0.07%	
525 Programs supplies	2,500.00	0.38%	
526 Summer Field trips	4,100.00	0.63%	
540 Contracted Transport.	3,980.00	0.61%	
541 Truck Payments	4,560.00	0.70%	
544 Gas & Oil	3,500.00	0.53%	
553 Vehicle R&M	6,500.00	0.99%	
600 Advertising & Promotions	4,000.00	0.61%	
603 Summer, School Yr, Other Tees	2,500.00	0.38%	
<b>Total: Line 516-603</b>	<b>43,787.50</b>	<b>6.68%</b>	
Insurance			
574 Property/Liab Insurance	15,840.00	2.42%	
575 Vehicle Insurance	10,000.00	1.53%	
<b>Total Insurance:</b>	<b>25,840.00</b>	<b>3.94%</b>	
Occupancy			
542 Electricity	8,075.00	1.23%	
543 Water, Sewer & recycling	2,700.00	0.41%	
547 Security/Fire	3,060.00	0.47%	
555 Property R&M	6,030.00	0.92%	
556 Grounds R&M	3,600.00	0.55%	

Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
889 Capital Assets	49,500.00	7.55%	Purchase of Van
<b>Total Occupancy:</b>	<b>72,965.00</b>	<b>11.13%</b>	
Other expenses			
524 Office supplies	585.00	0.09%	
529 Technology	8,640.00	1.32%	
557 Equipment Lease/R&M	4,617.00	0.70%	
572 Telephone/internet	4,500.00	0.69%	
580 Licenses & Permits	750.00	0.11%	
582 Dues - Girls Inc.	7,200.00	1.10%	
601 Staff Recruitment	720.00	0.11%	
<b>Total Other Expenses:</b>	<b>27,012.00</b>	<b>4.12%</b>	
Personnel			
500 Salaries	202,600.00	30.91%	
502 Health & Life Insurance	13,608.00	2.08%	
503 FICA	15,296.40	2.33%	
504 Unempl. Tax	1,827.00	0.28%	
505 Workers Comp Insur	945.00	0.14%	
<b>Total Program Personnel:</b>	<b>234,276.40</b>	<b>35.74%</b>	
Professional Fees			
514 Outside Services	6,300.00	0.96%	
<b>Total Professional Fees</b>	<b>6,300.00</b>	<b>0.96%</b>	
Training and Travel			
562 Staff Training	660.00	0.10%	
563 Travel & Lodging	2,500.00	0.38%	
<b>Total Training &amp; Travel :</b>	<b>3,160.00</b>	<b>0.48%</b>	



Girls Incorporated of Pinellas 2021-2022 APPROVED BUDGET	NEW 2021- 2022 Budget	% of Budget	
<b>Total Program Expenses</b>	<b>413,340.90</b>	<b>63.06%</b>	
Reserved/Contingency Fund	34,550.00	5.27%	
<b>Total Expenses</b>	<b>655,500.00</b>	<b>100.00%</b>	
<b>Total Income</b>	<b>655,500.00</b>		
<b>Net Operating Income</b>	<b>0.00</b>		



**Mercy Ameyaw**

**President**  
**Raymond James Financial**  
Director of Municipal Dealer



**Frank Vitarelli**

**Treasurer**  
**Bank of Tampa**  
Sr. Vice President, Market



**Dana Reina**

**Secretary**  
**TD SYNEX**  
Senior Manager, Cisco Solutions



**Molly Longmire**

**Director of Development**  
**Big Brothers Big Sisters of Tampa Bay**



**Chip Christian**

**Wells Fargo Advisors**  
Financial Advisor



**Patricia Clynes**

**YMCA of Greater St. Petersburg**  
Chief Financial Officer



**Paige Michaelis**

**Fathom Realty**  
Real Estate Consultant/Investor



**Sheldon Miller**

**Citi Bank**  
VP AML & Sanctions Compliance

**Girls Inc of Pinellas  
Board of Directors**



**Girls Incorporated®  
of Pinellas**





**LaTasha Barnes**

**Bayfront Health St. Petersburg**  
Chief Financial Officer



**Chris Gstalder**

**Accenture**  
Managing Director



**Christine Leddy**

**St. Petersburg College**  
Analytical Consultant, Instructor,



**Alex Holian**

**BKS Partners**  
Associate Advisor



**Renée Baker**

**Raymond James**  
DBA, RCC™ Head of PCG Advisor  
Inclusion Networks Florida



**Andy Zolper**

**Raymond James**  
SVP, Enterprise Technology  
Solutions



**Maggie Knaust**

**Trenam Law**  
Attorney



**Lindsay Muth**

**Lockheed Martin Aeronautics -  
Pinellas**  
General Manager



**Bailey Martindale**

**Branded Communication**  
Owner Founder



**Dawn Hunter**

**The Network for Public Health  
Law**  
Director Southeastern Region  
Office

**Girls Inc of Pinellas  
Board of Directors**



**Girls Incorporated®  
of Pinellas**



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning Oct 1, 2019, and ending Sep 30, 2020

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization Girls Incorporated of Pinellas  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
7700 - 61st Street N  
 City or town, state or province, country, and ZIP or foreign postal code  
Pinellas Park, FL 33781

**D** Employer identification number  
59-0970201

**E** Telephone number  
(727) 544-6230

**G** Gross receipts \$ 690,125.

**F** Name and address of principal officer:  
Darla Otey, 7700 - 61st St N, Pinellas Park, FL 33781

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.girlsinc-pinellas.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1961

**M** State of legal domicile: FL

**H(c)** Group exemption number ▶

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>Girls Inc delivers life-changing programs that inspire girls to be strong, strong, smart, and bold. Girls Inc serves girls ages 6-18 focusing on the development of the whole girl, supporting, mentoring, and guiding girls in an affirming, pro-girl environment.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>11</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>11</u>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<u>36</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>50</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<u>0.</u>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>561,828.</u>	<u>647,309.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>150,022.</u>	<u>31,960.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>12.</u>	<u>10,856.</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-76.</u>	<u>690,125.</u>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>711,786.</u>	<u>690,125.</u>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>491,985.</u>	<u>401,865.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>55,255.</u>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>320,347.</u>	<u>269,230.</u>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>812,332.</u>	<u>671,095.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-100,546.</u>	<u>19,030.</u>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<u>872,144.</u>	<u>858,252.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>181,213.</u>	<u>148,291.</u>
		<u>690,931.</u>	<u>709,961.</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 04/07/2021  
Darla Otey, Executive Director  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Ellen Fontana Preparer's signature: [Signature] Date: 4/2/21 Check  if self-employed PTIN: P01327163  
 Firm's name ▶ Ellen Fontana CPA LLC Firm's EIN ▶ 45-3841539  
 Firm's address ▶ 2451 McMullen Booth Road #309, Clearwater, FL 33759 Phone no. (727) 431-0354

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

Girls Inc delivers life-changing programs that inspire girls to be strong, strong, smart, and bold. Girls Inc serves girls ages 6-18 focusing on the development of the whole girl, supporting, mentoring, and guiding girls in an affirming, pro-girl environment.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 484,483. including grants of \$ 0.) (Revenue \$ 31,960.)

Provided year-round services to 474 girls with a safe and nurturing after school and summer camp environment in 2 youth high-risk zones in Pinellas County, Florida. Girls Inc. of Pinellas focuses on STEM (science, technology, engineering, and math) and reading, offers healthy living, life skills, and tutoring. Girls Inc. provides hot meals and snacks to participants. 62% of girls served come from single parent households while 79% are from economically disadvantaged homes. Services are on a sliding scale fee for those who qualify and need-based scholarships are provided as available.

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

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

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

**4e** Total program service expenses ▶ 484,483.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

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



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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 Inna Isbell, 7700 - 61st St, Pinellas Park,, FL 33781-3213 (727) 544-6230

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Chip Christian Board Member	1.00	X					0.	0.	0.	
(2) Mercy Ameyaw Board Member	1.00	X					0.	0.	0.	
(3) Jennie Jordan Board Member	1.00	X					0.	0.	0.	
(4) Katrina Mason Board Member	1.00	X					0.	0.	0.	
(5) Dana Farfante Reina Board Member	1.00	X					0.	0.	0.	
(6) Donna Mainguth Board Member	1.00	X					0.	0.	0.	
(7) Christine Leddy Board Member	1.00	X					0.	0.	0.	
(8) Sheila Barry-Oliver President	2.00	X		X			0.	0.	0.	
(9) Natavia Middleton Vice President	2.00	X		X			0.	0.	0.	
(10) Frank Vitarelli II Treasurer	2.00			X			0.	0.	0.	
(11) Michelle Curtis Secretary	2.00	X		X			0.	0.	0.	
(12) Yvonne Ulmer Executive Director	40.00			X			70,000.	0.	0.	
(13) Darla Otey Executive Director	40.00			X			0.	0.	0.	
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							70,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							70,000.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 103,740.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 130,490.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 413,079.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		647,309.			
<b>Program Service Revenue</b>	<b>2a</b>	After school & camp fees	Business Code 900099	31,960.	31,960.	0.	
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	-----					
	<b>e</b>	-----					
	<b>f</b>	All other program service revenue . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		31,960.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .					
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
			<b>6a</b> 1,117.				
			<b>6b</b>				
			<b>6c</b> 1,117.				
	<b>d</b>	Net rental income or (loss) . . . . .		1,117.	0.	0.	1,117.
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			<b>7a</b>				
			<b>7b</b>				
			<b>7c</b>				
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
			<b>8b</b>				
			<b>c</b>	Net income or (loss) from fundraising events . .			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
<b>9b</b>							
<b>c</b>			Net income or (loss) from gaming activities . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b>					
		<b>c</b>	Net income or (loss) from sales of inventory . . .				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Lease buyout	Business Code 900099	8,091.	8,091.	0.	
	<b>b</b>	Insurance proceeds	900099	1,646.	1,646.	0.	
	<b>c</b>	Sales tax discount	900099	2.	2.	0.	
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		9,739.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		690,125.	41,699.	0.	1,117.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	70,000.	21,000.	21,000.	28,000.
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	285,191.	234,093.	39,627.	11,471.
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,169.	1,490.	679.	0.
<b>9</b>	Other employee benefits . . . . .	15,985.	11,839.	4,143.	3.
<b>10</b>	Payroll taxes . . . . .	28,520.	20,483.	4,870.	3,167.
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	23,300.	0.	23,300.	0.
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	23,083.	7,858.	9,018.	6,207.
<b>12</b>	Advertising and promotion . . . . .	4,691.	368.	491.	3,832.
<b>13</b>	Office expenses . . . . .	1,132.	812.	279.	41.
<b>14</b>	Information technology . . . . .	33,043.	31,728.	1,310.	5.
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	14,703.	11,429.	3,274.	0.
<b>17</b>	Travel . . . . .	1,607.	1,579.	25.	3.
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	55,888.	50,299.	5,589.	0.
<b>23</b>	Insurance . . . . .	20,644.	18,797.	1,847.	0.
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	Summer camp & School year activities	4,404.	4,404.	0.	0.
<b>b</b>	Meals and snacks	8,312.	8,312.	0.	0.
<b>c</b>	Repairs & maint.	39,529.	36,628.	2,901.	0.
<b>d</b>	Staff Training	678.	620.	39.	19.
<b>e</b>	All other expenses	38,216.	22,744.	12,965.	2,507.
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	671,095.	484,483.	131,357.	55,255.
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.	0.	0.	0.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	83,777.	<b>1</b>	145,911.
	<b>2</b> Savings and temporary cash investments . . . . .	1,723.	<b>2</b>	100.
	<b>3</b> Pledges and grants receivable, net . . . . .	34,531.	<b>3</b>	3,255.
	<b>4</b> Accounts receivable, net . . . . .	3,248.	<b>4</b>	646.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,216.	<b>9</b>	7,590.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,450,794.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 750,044.	744,649.	<b>10c</b> 700,750.
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		872,144.	<b>16</b>	858,252.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,847.	<b>17</b>	3,918.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	49,907.	<b>19</b>	35,233.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	14,638.	<b>23</b>	9,408.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	74,000.	<b>24</b>	74,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	24,821.	<b>25</b>	25,732.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		181,213.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	435,342.	<b>27</b>	466,979.
	<b>28</b> Net assets with donor restrictions . . . . .	255,589.	<b>28</b>	242,982.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .		690,931.	<b>32</b>	709,961.
<b>33</b> Total liabilities and net assets/fund balances . . . . .		872,144.	<b>33</b>	858,252.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	690,125.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	671,095.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,030.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	690,931.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	709,961.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization Girls Incorporated of Pinellas	Employer identification number 59-0970201
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	463,696.	512,798.	498,406.	557,659.	647,309.	2,679,868.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	463,696.	512,798.	498,406.	557,659.	647,309.	2,679,868.
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						2,679,868.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	463,696.	512,798.	498,406.	557,659.	647,309.	2,679,868.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3.	4.	6.	12.	0.	25.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	16,575.	16,729.	0.		1,117.	34,421.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	99,648.	19.	1,365.	4,332.	9,739.	115,103.
<b>11 Total support.</b> Add lines 7 through 10						2,829,417.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	631,165.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	94.71 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.18 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</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 the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
9b	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
9c	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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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



**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.

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



**Part 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.)

Pt II Ln 10: Other Income Part II, Line 10 Description: Miscellaneous 2016:  
19. 2017: 55. Description: BP settlement 2015: 99648. 2018: 2479. Description:  
Reimbursements 2017: 1310. Description: 401 K forfeitures 2018: 1851. Description:  
FL DOR credits 2018: 2. 2019: 2. Description: Insurance reimb 2019: 1646. Description:  
Lease buyout 2019: 8091.

**Schedule of Contributors**

**2019**

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

Name of the organization <u>Girls Incorporated of Pinellas</u>	<b>Employer identification number</b> 59-0970201
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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



Name of organization Girls Incorporated of Pinellas	Employer identification number 59-0970201
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Early Learning Coalition of Pinellas County 5735 Rio Vista Dr Clearwater FL 33760	\$ 49,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Girls Inc National 120 Wall Street New York NY 10005	\$ 118,897.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Pinellas Community Foundation 17755 US Hwy 19 N #150 Clearwater FL 33764	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	City of Pinellas Park 5141 - 78th Avenue North Pinellas Park FL 33781	\$ 35,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Francis and Gertrude Levett Foundation PO Box 16508 Saint Petersburg FL 33733	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	United Way Suncoast 5201 W Kennedy Blvd #600 Tampa FL 33609	\$ 103,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Girls Incorporated of Pinellas	Employer identification number 59-0970201
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Schoen Foundation 5801 Pelican Bay Blvd Ste 502 Naples FL 34108	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <i>Girls Incorporated of Pinellas</i>	Employer identification number <i>59-0970201</i>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>Girls Incorporated of Pinellas</b>	Employer identification number <b>59-0970201</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(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, and 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, and 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, and 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, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: Girls Incorporated of Pinellas; Employer identification number: 59-0970201

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a-2 regarding collections of art, historical treasures, or other similar assets, including revenue and asset reporting.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> Related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0.	80,000.		80,000.
<b>b</b> Buildings . . . . .		1,112,748.	550,670.	562,078.
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		147,848.	140,217.	7,631.
<b>e</b> Other . . . . .		110,198.	59,157.	51,041.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				700,750.

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued payroll	15,666.
(3) Accrued benefits	7,064.
(4) Due to City of St. Petersburg	3,002.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	25,732.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	691,641.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,516.	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,516.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	690,125.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	690,125.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	672,611.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,516.	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,516.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	671,095.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	671,095.

**Part XIII Supplemental Information.**

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

Pt X, Line 2: The Organization is subject to the accounting standards

Pt X, Line 2: on accounting for uncertainty in income taxes.

Pt X, Line 2: Management does not believe it has taken any

Pt X, Line 2: tax positions that are subject to a significant

Pt X, Line 2: degree of uncertainty. The Organizations income tax

Pt X, Line 2: filing for periods after the fiscal year ended

Pt X, Line 2: September 30, 2016 remain subject to examination.





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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

Girls Incorporated of Pinellas

Employer identification number

59-0970201

Pt VI, Line 11b: The Executive Director and the Board review the 990 prior

Pt VI, Line 11b: to filing.

Pt VI, Line 15a: The Board of Directors conducts an annual review of the

Pt VI, Line 15a: Executive Director and an increase in compensation is

Pt VI, Line 15a: determined by the Board. The salary rate is based on

Pt VI, Line 15a: compensation for a similar position at a similar sized

Pt VI, Line 15a: agency.

Pt VI, Line 15b: No other key employees or compensated officers.

Pt VI, Line 19: Documents are mailed or emailed upon request.

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning Oct 1, 2019, and ending Sep 30, 20 20

# 2019

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization <b>Girls Incorporated of Pinellas</b>	Employer identification number <b>59-0970201</b>
--	---

Name and title of officer  
**Darla Otey, Executive Director**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	690,125.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize Ellen Fontana CPA LLC to enter my PIN 

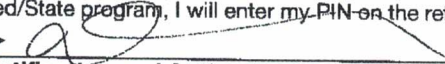
7	0	2	0	1
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ 4/7/2021

### Part III Certification and Authentication

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

5	0	9	1	7	4	0	9	1	7	4
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 4/7/21

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

# Girls Incorporated of Pinellas

## Audited Financial Statements

September 30, 2021 and 2020

# Girls Incorporated of Pinellas

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## Independent Auditors' Report

To the Board of Directors  
Girls Incorporated of Pinellas

We have audited the accompanying statements of financial position of Girls Incorporated of Pinellas (a nonprofit organization) as of September 30, 2021, and the related statement of activities, functional expenses, cash flows for the year then ended, and the related notes to the financial statements.

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

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

### *Auditor's Responsibility*

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

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

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



***Opinion***

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Girls Incorporated of Pinellas as of September 30, 2021, and the changes in its net assets, functional expenses and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

***Report on Summarized Comparative Information***

We have previously audited the Girls Incorporated of Pinellas 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated January 26, 2021. In our opinion, the summarized comparative information presented herein as of September 30, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*FRSCPA, PLLC*

St. Petersburg, Florida  
January 13, 2022

# Girls Incorporated of Pinellas

## Statements of Financial Position

### September 30, 2021 and 2020

<i>September 30,</i>	2021	2020
<b>ASSETS</b>		
<b>Current assets:</b>		
Cash	\$ 111,992	\$ 146,011
Grants and contributions receivable	–	3,901
Prepaid expenses	4,366	7,590
<b>Total current assets</b>	<b>116,358</b>	<b>157,502</b>
Property and equipment, net	647,179	700,750
<b>Total assets</b>	<b>\$ 763,537</b>	<b>\$ 858,252</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities:</b>		
Accounts payable	\$ 7,967	\$ 3,918
Accrued salaries and related expenses	5,242	15,666
Accrued vacation benefits	7,969	7,064
Deferred revenue	–	35,233
Line of credit	–	74,000
Current installments of long-term debt	4,889	6,203
<b>Total current liabilities</b>	<b>26,067</b>	<b>142,084</b>
Long term debt, excluding current installments	1,800	6,207
<b>Total liabilities</b>	<b>27,867</b>	<b>148,291</b>
<b>Net assets:</b>		
Without donor restrictions	505,295	466,979
With donor restrictions	230,375	242,982
<b>Total net assets</b>	<b>735,670</b>	<b>709,961</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 763,537</b>	<b>\$ 858,252</b>

*See accompanying notes to financial statements.*



# Girls Incorporated of Pinellas

## Statements of Activities

### Year Ended September 30, 2021 (with comparative totals for 2020)

	Without Donor Restrictions	With Donor Restrictions	2021	2020
<b>Operating support and revenue:</b>				
<b>Public support:</b>				
United Way	\$ 54,000	\$ –	\$ 54,000	\$ 103,740
Grants	329,739	–	329,739	373,243
Contributions	64,361	–	64,361	94,526
Special events, net of cost of direct benefits to donors of \$7,666 and \$0 in 2021 and 2020	93,923	–	93,923	–
Payroll Protection Program grant	76,312	–	76,312	75,800
In-kind support	–	–	–	1,516
	<b>618,335</b>	<b>–</b>	<b>618,335</b>	<b>648,825</b>
<b>Revenues:</b>				
Program service fees	28,423	–	28,423	31,960
Rental income	–	–	–	1,117
Other	2,896	–	2,896	9,739
	<b>31,319</b>	<b>–</b>	<b>31,319</b>	<b>42,816</b>
Net assets released from restrictions:				
Expiration of time restrictions	12,607	(12,607)	–	–
<b>Total operating support and revenue</b>	<b>662,261</b>	<b>(12,607)</b>	<b>649,654</b>	<b>691,641</b>
<b>Operating expenses:</b>				
Program services	396,775	–	396,775	484,483
Supporting services:				
Management and general	150,774	–	150,774	132,673
Fundraising	76,396	–	76,396	55,455
<b>Total operating expenses</b>	<b>623,945</b>	<b>–</b>	<b>623,945</b>	<b>672,611</b>
<b>Change in net assets</b>	<b>38,316</b>	<b>(12,607)</b>	<b>25,709</b>	<b>19,030</b>
<b>Net assets at beginning of year</b>	<b>466,979</b>	<b>242,982</b>	<b>709,961</b>	<b>690,931</b>
<b>Net assets at end of year</b>	<b>\$ 505,295</b>	<b>\$ 230,375</b>	<b>\$ 735,670</b>	<b>\$ 709,961</b>

See accompanying notes to financial statements.

# Girls Incorporated of Pinellas

## Statements of Functional Expenses

### Year Ended September 30, 2021 (with comparative totals for 2020)

	<i>Supporting services</i>			Total Supporting Services	<i>Total</i>	
	Program Services	Management and General	Fundraising		2021	2020
Salaries	\$ 206,298	\$ 57,813	\$ 64,025	\$ 121,838	\$ 328,136	\$ 355,191
Payroll taxes	17,671	4,710	5,581	10,291	27,963	28,520
Employee insurance	11,810	5,942	2,820	8,762	20,572	15,985
Retirement	1,717	1,277	678	1,955	3,671	2,169
<b>Total salaries and related expenses</b>	<b>237,496</b>	<b>69,742</b>	<b>73,104</b>	<b>142,846</b>	<b>380,342</b>	<b>401,865</b>
Insurance	25,436	4,241	–	4,241	29,677	20,644
Utilities	10,332	1,331	–	1,331	11,663	14,703
Repairs and maintenance	18,902	23,369	–	23,369	42,271	39,529
Professional fees & outside services	551	35,553	1,108	36,661	37,212	46,383
In-kind accounting	–	–	–	–	–	1,516
Staff training	757	45	23	68	825	678
Vehicle expenses	2,404	–	–	–	2,404	1,743
Summer camp and school activities	4,463	–	–	–	4,463	4,404
Meals and snacks	5,297	9	–	9	5,306	8,312
Office supplies	277	89	18	107	384	1,132
Program supplies	4,070	–	–	–	4,070	8,872
Dues	7,725	659	–	659	8,384	8,231
Travel and lodging	–	163	222	385	385	1,607
Telephone and internet	3,838	639	363	1,002	4,840	4,098
Technology	24,289	3,252	–	3,252	27,541	33,043
Advertising and promotional	993	441	554	995	1,988	4,691
Postage and printing	362	268	118	386	749	951
Recruitment costs	94	575	28	603	696	3,207
Bank fees and finance charges	450	5,066	558	5,624	6,074	8,703
Miscellaneous	646	154	300	454	1,100	2,411
Depreciation	48,393	5,178	–	5,178	53,571	55,888
Cost of direct benefits to donors	–	–	7,666	7,666	7,666	–
Total expenses by function	396,775	150,774	84,062	234,836	631,611	672,611
Less expenses included with revenues on the statement of activities						
Cost of direct benefits to donors	–	–	(7,666)	(7,666)	(7,666)	–
Total expenses included in the expense section on the statement of activities	\$ 396,775	\$ 150,774	\$ 76,396	\$ 227,170	\$ 623,945	\$ 672,611

See accompanying notes to financial statements.

**Girls Incorporated of Pinellas**  
**Statements of Cash Flows**  
**Years Ended September 30, 2021 and 2020**

<i>Year ended September 30,</i>	<b>2021</b>	<b>2020</b>
<b>Cash flow from operating activities:</b>		
Change in net assets	\$ 25,709	\$ 19,030
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	53,571	55,889
Change in operating assets and liabilities:		
Grants and contributions receivable	3,901	33,878
Prepaid expenses	3,224	(3,374)
Accounts payable and accrued expenses	(5,470)	(12,418)
Deferred revenue	(35,233)	(14,674)
<b>Net cash provided by operating activities</b>	<b>45,702</b>	<b>78,331</b>
 Cash flows from investing activities:		
Purchases of property and equipment	-	(11,988)
<b>Net cash used in investing activities</b>	<b>-</b>	<b>(11,988)</b>
 Cash flows from financing activities:		
Principal payments on long-term debt	(5,721)	(5,832)
Net payments on line of credit	(74,000)	-
<b>Net cash used in financing activities</b>	<b>(79,721)</b>	<b>(5,832)</b>
 <b>Net (decrease) increase in cash</b>	<b>(34,019)</b>	<b>60,511</b>
 <b>Cash at beginning of the year</b>	<b>146,011</b>	<b>85,500</b>
 <b>Cash at end of the year</b>	<b>\$ 111,992</b>	<b>\$ 146,011</b>
 <b>Supplemental disclosure of cash flow information:</b>		
Cash paid during the year for interest	\$ 2,834	\$ 5,843

*See accompanying notes to financial statements.*

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

#### 1. Description of Organization and Summary of Significant Accounting Policies

##### a. Description of Organization

Girls Incorporated of Pinellas (the Organization) is a not-for-profit corporation that assists girls in overcoming the effects of discrimination and developing their capacities to be self-sufficient, responsible members of the community through before and after school care, summer care, day care, tutoring, and social development.

##### b. Basis of Accounting

These financial statements, which are presented on the accrual basis of accounting, have been prepared to focus on the Organization as a whole and to present revenue, expenses, and net assets based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. 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.

Revenue is reported as increases in net assets without donor restrictions unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in net assets without donor restrictions. Federal, state and local grants are considered exchange transactions and are recorded as unrestricted revenue when earned.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as revenue of the unrestricted net asset class. Contributions are recognized when the donor makes a promise to give to the Organization, that is, in substance, unconditional.

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

**c. Financial Accounting Standards**

The Financial Accounting Standards Board has issued authoritative guidance establishing two levels of U.S. generally accepted accounting principles (GAAP) - authoritative and nonauthoritative - and making the Accounting Standards Codification (ASC) the source of authoritative, nongovernmental GAAP, except for rules and interpretive releases of the Securities and Exchange Commission. This guidance was incorporated into ASC Topic 105, *Generally Accepted Accounting Principles*.

**d. Cash and Cash Equivalents**

The Organization considers all highly liquid investments with original maturities of three months or less to be cash equivalents for the purpose of determining cash flows. The Organization places its cash with a high quality financial institution. At times, cash may be in excess of FDIC insurance limits. The Organization does not believe it is exposed to any significant credit risk on cash.

**e. Grants and contributions receivable**

Grants and contributions receivable are stated at unpaid balances, less an allowance for doubtful accounts. The Organization provides for losses on accounts receivable using the allowance method. The allowance is based on experience, third party contracts, and other circumstances, which may affect the ability of payors to meet their obligations. Receivables are considered impaired if full principal payments are not received in accordance with contractual terms. The Organization's policy is to charge off uncollectible accounts receivable when management determines the receivable will not be collected. At September 30, 2021 and 2020, there was no allowance for doubtful accounts.

**f. Property and Equipment**

Property and equipment with a cost of \$1,000 are capitalized, if purchased, or at estimated market value at date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the respective assets. Maintenance, repairs and minor renewals are expensed as incurred.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition as well as the ownership of any

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

proceeds is subject to applicable regulations.

**g. Deferred Revenue**

Deferred revenue includes advances collected under certain grant awards which are considered to be reimbursement contracts and tuition fees collected for a future period. Funds received but unexpended are deferred until expended. Deferred revenue also includes sponsorships of certain special events which will be held in future periods.

**h. Accrued Vacation Benefits**

Accrued vacation benefits represents vested vacation leave. Vacation leave is charged as an expense in the period in which it is earned by the employee.

**i. Donated Materials and Services**

Donated materials are recorded as support at their fair value at the date of donation. Donations of services are recorded as support at their estimated fair value if the services received create or enhance nonfinancial assets, or the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not donated.

**j. Functional Allocation of Expenses**

The costs of providing the various program and other activities have been summarized on a functional basis in the statement of functional expenses. Certain categories of expenses are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Expenses that are allocated include insurance, utilities, repairs and maintenance and technology which are allocated on a square footage basis, as well as salaries, payroll taxes, employee insurance and retirement, which are allocated on the basis of estimates of time and effort. Certain other expenses are allocated based on the program or supporting function benefitting from the expenditure, including office supplies, dues, printing and postage and staff training.

**k. Income Taxes**

The Organization is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and from state income taxes under similar provisions of the Florida Statutes. Accordingly, no provision for income taxes has been included in the

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

accompanying financial statements. The Organization is subject to the accounting standards on accounting for uncertainty in income taxes. Management does not believe it has taken any tax positions that are subject to a significant degree of uncertainty. The Organization's income tax filings for periods after the fiscal year ended September 30, 2017 remain subject to examination.

#### I. Use of Estimates

Management of the Organization has made a number of estimates and assumptions relating to the reporting of assets and liabilities, as well as pro rata allocations in the recording of expenditures, to prepare these financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ from those estimates.

#### 2. **Property and Equipment**

Property and equipment consist of the following at September 30, 2021 and 2020:

<i>September 30,</i>	Estimated Useful Lives	<b>2021</b>	2020
Land and land improvements		<b>\$ 80,000</b>	\$ 80,000
Building and improvements	7-40 years	<b>1,112,748</b>	1,112,748
Furniture, fixtures and equipment	1-12 years	<b>147,848</b>	147,848
Vehicles	3-8 years	<b>110,198</b>	110,198
		<b>1,450,794</b>	1,450,794
Less: accumulated depreciation		<b>(803,615)</b>	(750,044)
		<b>\$ 647,179</b>	\$ 700,750

Depreciation expense for the years ended September 30, 2021 and 2020 was \$53,571 and \$55,889, respectively.

#### 3. **Revolving Line of Credit**

The Organization has a revolving line of credit from a commercial bank that allows the Organization to borrow up to \$100,000 at the prime interest rate plus 0.25% (3.25% at September 30, 2021). The revolving loan is unsecured and has no maturity date. The principal balance is due 30 days after the balance is called by the commercial bank. The

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

outstanding balance on the revolving line of credit as of September 30, 2021 and 2020 was \$0 and \$74,000, respectively.

#### 4. Long-Term Debt

Long-term debt consists of the following at September 30, 2021 and 2020:

	<b>2021</b>	<b>2020</b>
0% interest note payable to the City of St. Petersburg due in monthly payments of \$50	<b>\$ 2,402</b>	\$ 3,002
6.9% note payable to a commercial bank due in monthly installments of \$507, including interest, through June 2022; secured by a vehicle	<b>4,287</b>	9,408
Total long-term debt	<b>6,689</b>	12,410
Less current installments	<b>(4,889)</b>	(6,203)
Long-term debt, excluding current installments	<b>\$ 1,800</b>	\$ 6,207

As of September 30, 2021 and 2020, the Organization owed the City of St. Petersburg \$2,402 and \$3,002, respectively, for rent and occupancy expenses. An agreement requiring the Organization to pay the amount owed in interest-free monthly installments of \$25 per month expired in 2006. The Organization has negotiated with the City to extend the due date to September 2025 and make payments of \$50 per month.

The aggregate maturities of long-term debt for each of the five years subsequent to September 30, 2021 and thereafter are as follows:

<i>Year Ending September 30,</i>	
2022	\$ 4,889
2023	600
2024	600
2025	600
	<b>\$ 6,689</b>



# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

#### 5. Net Assets with Donor Restrictions

Net assets with donor restrictions as of September 30, 2021 and 2020 consist of the following:

	2021	2020
Subject to the passage of time:		
Facilities subject to use restrictions	\$ 230,375	\$ 242,982
	<u>\$ 230,375</u>	<u>\$ 242,982</u>

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

#### 6. Grant Revenue

The Organization receives support from several grantors under various contracts. During the years ended September 30, 2021 and 2020, grant revenue consisted of the following:

Grantor/Program Name:	2021	2020
Girls Incorporated National	\$ 88,233	\$ 118,897
Schoen Foundation	85,000	75,000
Coordinated Child Care/Early Learning Coalition	49,002	49,590
City of Pinellas Park	42,857	35,100
Tampa Bay Resilience Fund	–	20,000
Francis & Gertrude Levett Foundation	–	20,000
Pinellas Community Foundation, Inc.	9,639	10,000
Pinellas CARES Act – Licensed Childcare	–	10,000
Food Program/State of Florida CARES grant	18,942	9,590
Pinellas County Board of County Commissioners	10,000	–
Macy's/Bloomingtondale's	–	6,000
Charles A Laufer Trust	5,795	5,966
Rays Foundation	–	5,000
Hardy Huntley Charitable Foundation	5,000	4,000
Publix	5,000	–
Tegna Foundation	–	4,000
Creative Pinellas Summer Camp Grant	–	100
Frank E. Duckwall Foundation	6,000	–
TD Charitable Foundation	400	–
Wawa Foundation	1,500	–
Catalina Marketing Charitable Foundation	2,000	–
Ross Stores Foundation	350	–
Miscellaneous	21	–
	<b>\$ 329,739</b>	<b>\$ 373,243</b>

#### 7. In-Kind Revenue and Expense

Certain services are provided or fixed assets donated to the Organization gratis or at a cost substantially less than fair market value. The difference between that actual charge and the estimated fair market value is reflected as in-kind revenue and expense in the accompanying financial statements. For the years ended September 30, 2021 and 2020, in-kind revenue and expense consisted of \$0 and \$1,516, respectively, of donated

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

accounting services.

Volunteers have donated substantial time to the Organization in various capacities. However, these services are not reflected in the financial statements since the services do not require specialized skills. The value of other contributed services meeting the requirements for recognition in the financial statements was not material and has not been reflected in the financial statements.

#### **8. Retirement Plan**

The Organization established a 403(b) retirement savings plan in April 2009 for all employees who meet minimum employment qualifications. The Organization matches employee deferrals dollar for dollar up to 3% of compensation. Retirement expense for the years ended September 30, 2021 and 2020 was approximately \$3,671 and \$2,169, respectively.

#### **9. Operating Lease**

The Organization leases copier equipment under an operating lease that expires in 2022. Total rent expense related to equipment leases was approximately \$3,100 for each of the years ended September 30, 2021 and 2020. Future minimum lease payments required under the operating lease which has a remaining non-cancellable lease term in excess of one year as of September 30, 2021 amounts to \$2,300.

#### **10. Concentration of Funding**

Support from Girls Inc National represented 8% of total operating support and revenue for the year ended September 30, 2021. Funding from two other organizations accounted for 13% and 9% of total operating support and revenue for the year ended September 30, 2021.

#### **11. Commitments and Contingencies**

The Organization has been affected by, and continues to be affected by, the ongoing outbreak of the coronavirus disease (COVID-19) which was declared a pandemic by the World Health Organization in March 2020. The disruption caused by the outbreak is

# Girls Incorporated of Pinellas

## Notes to Financial Statements

### September 30, 2021 and 2020

uncertain; however, it may result in a material adverse impact on the Organization's financial position, operations and cash flows. One possible effect of the outbreak includes disruption to the Organization's in-person group programs, all of which have faced operating restrictions due to COVID-19.

The Organization may be subject to audit or examination by funding sources to determine compliance with grant conditions. In the event that expenditures would be disallowed, repayment could be required. Management believes the Organization is in compliance with the terms of its grant agreements.

#### **12. Paycheck Protection Program grant**

On January 22, 2021, the Organization received loan proceeds of \$75,880 under the Paycheck Protection Program ("PPP"). The PPP, established as part of the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"), provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. The loan and accrued interest are forgivable after 8 weeks or 24 weeks, as elected by the Organization, as long as the borrower uses the loan proceeds for eligible purposes including payroll, benefits, rent and utilities, and maintains its payroll levels. The amount of loan forgiveness will be reduced if the borrower terminates employees or reduces salaries during the covered period.

The Organization used the proceeds for purposes consistent with the PPP and received notification from the Small Business Administration (SBA) in August 2021 that the loan had been forgiven. As such, the PPP loan is presented as public support for the year ended September 30, 2021.

**Girls Incorporated of Pinellas**  
**Notes to Financial Statements**  
**September 30, 2021 and 2020**

**13. Liquidity and Availability**

The Organization's financial assets as of September 30, 2021 and available within one year of the balance sheet date for general expenditure are as follows:

<u>September 30,</u>	<u>2021</u>
Cash and cash equivalents	\$ 111,992
	<u>\$ 111,992</u>

The financial assets above have been reduced by amounts not available for general use because of donor imposed restrictions within one year of the balance sheet date. To help manage unanticipated liquidity needs, the Organization has a \$100,000 line of credit that is fully available as of September 30, 2021, which it could draw upon for additional liquidity.

**14. Subsequent Events**

Management has evaluated subsequent events through January 13, 2022, the date the financial statements were available for issue.

1787-462

31-BBC

GIRLS INCORPORATED OF PINELLAS  
7686 61ST ST N  
PINELLAS PARK FL 33781



**GUIDEONE™**

**INSURANCE**

1111 Ashworth Road West Des Moines, Iowa 50265-3538

TO ALL COMMERCIAL INSURANCE POLICYHOLDERS, STATE OF FLORIDA

Thank you for placing your commercial insurance with us.

This letter is to inform you that our Loss Prevention Department has a risk management plan that is available to assist you in your loss prevention program.

The guidelines of this plan are descriptive instructions and criteria for the establishment of a specific risk management program for you. It includes risk management measures, services, and plans which you may wish to adopt in the handling of risk within your organization.

The plan includes safety measures applicable in the following areas:

1. Pollution and environmental hazards
2. Disease hazards
3. Accidental occurrences
4. Fire hazards, detection and prevention
5. Liability for acts from the course of operations
6. Slip and fall hazards
7. Product injury
8. Hazards unique to your organization's operations

The cost of developing the program is borne by GuideOne Insurance, but training and counseling costs provided to your organization at your request may be borne by you.

If at any time you need to avail yourself of our services, please contact our Loss Prevention Department at 515-267-5125.

Loss Prevention Department

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Dear Policyholder:

As required by Florida law, we wish to notify you of your options available regarding Uninsured Motorist coverage.

Uninsured Motorist coverage provides for payment of damages for bodily injury or death caused by owners or operators of uninsured motor vehicles. Such damages may include payment for medical expenses, lost wages, and pain and suffering, subject to certain limitations and conditions contained in the policy. This coverage also includes protection from motorists who are insured, but whose Bodily Injury liability limits are less than your damages.

YOUR OPTIONS ARE:

1. You may reject Uninsured Motorist coverage entirely.
2. You may have Uninsured Motorist coverage equal to the limits on your Bodily Injury Liability coverage.
3. You may select Uninsured Motorist limits lower than your Bodily Injury Liability coverage.
4. You may choose the option of having Uninsured Motorist coverage limits stacked or nonstacked.

**a. Nonstacked Coverage Option**

You have the option, at a reduced rate, of a nonstacked (limited) type of Uninsured Motorist coverage. Under this form, if injury occurs in a vehicle owned or leased by you or any family member, this policy will apply only to the extent of coverage (if any) which applies to that particular vehicle in this policy.

If any injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist coverage available on any one vehicle for which you are a named insured or an insured family member. This policy will not apply if you select the coverage available under any other policy issued to you or any other resident family member.

**b. Stacked Coverage Option**

If you do not elect to purchase the nonstacked form described above, your policy limit(s) for each covered auto are added together (stacked) for all covered injuries. Your policy limits will automatically change during the policy term as you increase or decrease the number of autos covered under this policy.

IF YOU WANT TO CHANGE THE COVERAGE YOU CURRENTLY HAVE OR YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL AGENT TO DISCUSS ALL YOUR ALTERNATIVES AND THE COSTS OR DISCOUNTS AVAILABLE.



## IMPORTANT NOTICE

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ANY CANCELLATION OR NONRENEWAL OF THE POLICY WILL BE REPORTED BY THE INSURER TO THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES. FAILURE TO MAINTAIN PERSONAL INJURY PROTECTION AND PROPERTY DAMAGE LIABILITY INSURANCE ON A MOTOR VEHICLE WHEN REQUIRED BY LAW MAY RESULT IN THE LOSS OF REGISTRATION AND DRIVING PRIVILEGES. A NONREFUNDABLE REINSTATEMENT FEE OF \$150 WILL BE REQUIRED OF YOU BY THE DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES TO REINSTATE YOUR LICENSE AND/OR REGISTRATION. THE FEE SHALL BE \$250 FOR THE SECOND REINSTATEMENT AND \$500 FOR EACH SUBSEQUENT REINSTATEMENT DURING THE THREE YEARS FOLLOWING THE FIRST REINSTATEMENT. IN THE EVENT A PERSON'S LICENSE AND REGISTRATION ARE SUSPENDED, ONLY ONE REINSTATEMENT FEE SHALL BE PAID TO REINSTATE THEM BOTH.

# **POLICYHOLDER NOTICE -- FLORIDA NOTIFICATION -- UNINSURED MOTORIST COVERAGE AVAILABILITY**

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**THIS DOCUMENT IS SEPARATE FROM AND DOES NOT FORM A PART OF THE POLICY.**

Florida law requires us to notify you about options with respect to Uninsured Motorist Coverage. The following options are available with respect to Uninsured Motorist Coverage:

1. Uninsured Motorist Coverage at limits equal to your Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
2. If your Bodily Injury Liability Coverage (split limits) are higher than \$10,000/\$20,000, or if your Combined Single Limit for Liability Coverage is at least \$30,000, you may select Uninsured Motorist Coverage limits that are lower than your Liability Coverage limits but you may not select Uninsured Motorist Coverage limits less than: (1) split limits of \$10,000 for each person, subject to \$20,000 for each accident with respect to bodily injury; or (2) a single limit of \$20,000 for each accident.
3. Non-stacked Or Stacked Uninsured Motorist Coverage Options If You Are An Individual  
If your policy is a personal auto policy, or if your policy is a commercial auto policy and you are designated as an individual in the Declarations of such policy, you have the option to purchase non-stacked Uninsured Motorist Coverage or stacked Uninsured Motorist Coverage.
  - Non-stacked Option  
Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorist Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:
    - a. The limit of liability for Uninsured Motorist Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and
    - b. The highest limit of liability for Uninsured Motorist Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.
  - Stacked Option  
Subject to the provisions of the policy, stacked Uninsured Motorist Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorist Coverage limit with other applicable Uninsured Motorist Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorist Coverage, you or a family member may add together the Uninsured Motorist Coverage limits for each vehicle that has such coverage under your policy.
4. Non-stacked Uninsured Motorist Coverage If You Are Other Than An Individual  
If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorist Coverage unless you reject Uninsured Motorist Coverage entirely.
5. Rejection Of Uninsured Motorist Coverage Entirely  
If you have any questions or wish to revise the coverages you presently have, please contact your agent or your insurance company.

# NOTIFICATION OF PERSONAL INJURY PROTECTION BENEFITS

---

## YOUR PERSONAL INJURY PROTECTION RIGHTS AND BENEFITS UNDER THE FLORIDA MOTOR VEHICLE NO-FAULT LAW

The Florida Motor Vehicle No-Fault Law does two things:

- (1) It establishes a limited exemption from liability for injuries caused to others in an automobile accident; and
- (2) It establishes personal injury protection (PIP) benefits to pay for certain losses resulting from an accident.

### LEGAL RESPONSIBILITIES AND RIGHTS

Who is covered?

- (1) If you are a resident of Florida and own a motor vehicle, you are required to purchase PIP. You are covered by PIP if you are the named insured. You, the insured, are covered by PIP while driving your vehicle or when a passenger in another's vehicle. You are also covered while outside a motor vehicle if struck and injured by a motor vehicle.
- (2) Resident relatives who live with you, the insured, may be covered by your PIP benefits while they are driving your car, as passengers in your or another's car, and while pedestrians if struck and injured by a motor vehicle.
- (3) Others who are injured while driving your insured motor vehicle or who are injured while a passenger in your insured motor vehicle or who are injured as a pedestrian when struck by your insured motor vehicle may be covered by your PIP.
- (4) If you or your insured relatives living with you are injured while outside Florida, and are in your insured motor vehicle, you and your insured relatives are covered under PIP as long as the injury occurs within the United States, its territories or possessions, or in Canada.

FRAUD ADVISORY NOTICE: Solicitation of a person injured in a motor vehicle crash for purposes of filing personal injury protection or tort claims could be a violation of Florida law or the rules regulating The Florida Bar and should be immediately reported to the Division of Insurance Fraud on-line at [www.fldfs.com/fraud](http://www.fldfs.com/fraud) or by calling 1-800-378-0445 from within Florida or 850-413-3261 from outside of Florida.

### EXCEPTIONS

If your passengers or relatives living with you have a motor vehicle licensed in Florida or own a motor vehicle required to be licensed in Florida, they are not covered by your PIP coverage. They must purchase PIP for themselves to have coverage.

## **EXCLUSIONS**

An insurer may exclude no-fault benefits:

- (1) For injury sustained by any person operating the insured motor vehicle without your express or implied consent.
- (2) To any injured person, if his/her conduct contributed to the injury under either of the following circumstances:
  - (a) causing injury to himself intentionally; or
  - (b) being injured while committing a felony.
- (3) For injuries sustained by the named insured and relatives residing in the same household while occupying another motor vehicle owned by the named insured and not insured under the policy.

## **BENEFITS**

The minimum limit for no-fault personal injury protection benefits is \$10,000 per person for loss sustained as a result of bodily injury, sickness, or disease (\$5,000-death) arising out of the ownership, maintenance, or use of a motor vehicle.

## **MEDICAL PAYMENTS**

PIP pays 80 percent of medical benefits for all reasonable expenses for medically necessary medical, surgical, X-ray, dental, and rehabilitative services, including prosthetic devices, wheelchairs, crutches, slings, neck braces and splints. Medically necessary ambulance, hospital and nursing services are covered, and benefits also are paid for necessary remedial treatment and services recognized and permitted under the laws of the state for an injured person who relies solely upon spiritual means through prayer for healing because of religious beliefs.

**Note:** if you have medical payments coverage through your auto insurance policy, then the medical payments coverage will be secondary to PIP coverage. The excess medical expenses, the 20 percent not covered by PIP, and the deductible may or may not be covered by the additional medical payments coverage depending on your particular policy.

## **BILLING REQUIREMENTS**

Florida Statutes provide that with respect to any treatment or services, other than certain hospital and emergency services, the statement of charges furnished to the insurer by the provider may not include, and the insurer and the injured party are not required to pay, charges for treatment or services rendered more than 35 days before the postmark date of the statement, except for past due amounts previously billed on a timely basis, and except that, if the provider submits to the insurer a notice of initiation of treatment within 21 days after its first examination or treatment of the claimant, the statement may include charges for treatment or services rendered up to, but not more than, 75 days

before the postmark date of the statement. The insured has a responsibility to furnish the provider with the correct name and address of the personal injury protection insurer. Failure to do so may result in delayed reimbursements to the provider.

At your initial treatment or service provided you will be required to sign a disclosure and acknowledgement form stating that the services were actually rendered, it is your right and duty to confirm that those services were rendered, you were not solicited to seek services from the provider, the provider explained the services, and if you notify the insurer of a billing error you may be entitled to a share of the insurer's savings.

ADVISORY NOTICE: You may be entitled to a certain percentage of a reduction in the amount paid by the motor vehicle insurer if you notify that insurer of a billing error.

### **DISABILITY BENEFITS**

PIP pays 60 percent of disability benefits for any loss of gross income and loss of earning capacity from inability to work because of an injury sustained in an accident. Disability benefits also cover all expenses reasonably incurred for household services that, if not for injury, the injured person would have performed. Benefits must be paid not less than every two weeks.

### **DEATH BENEFITS**

PIP pays up to \$5,000 of available benefits per individual in death benefits. The insurer may pay such benefits to the executor or administrator of the deceased, to any of the deceased's relatives, including those related by marriage, or to any person appearing to the insurer to be equitably entitled to the payment.

### **OPTIONAL DEDUCTIBLES AND LIMITATIONS**

1. Persons subject to deductibles may be able to recover the amount of the deductible from a tortfeasor otherwise exempt from liability under Section 627.737, F.S.
2. Deductibles must be applied to the entire amount of any expenses and losses described under required personal injury protection benefits. After the deductible is met, each insured is eligible to receive up to \$10,000 in benefits. Thus, for instance, an insured with a \$1,000 deductible would have to incur \$13,500 in medical expenses (assuming no disability or death benefits) in order to receive the entire \$10,000 in benefits [(\$13,500-\$1,000) x 80%].
3. Deductibles of \$250, \$500 and \$1,000 must be offered but may not be required.
4. You may have elected that the benefits from loss of gross income and loss of earning capacity (disability benefits) be excluded from your PIP benefits.

### **COORDINATION OF BENEFITS**

PIP benefits are primary over other insurance coverage, except that workers' compensation benefits received will be credited against PIP benefits. This means that your PIP insurer is ultimately

responsible for payment of your claim. How this works in a specific situation depends upon the contract language in the other insurance policy.

## **PAYMENT OF BENEFITS**

PIP benefits will be payable as loss accrues and reasonable proof of the loss and the expenses are provided. Before PIP benefits are paid, an insurer may require written notice be given as soon as possible after an accident involving a motor vehicle.

PIP benefits are overdue if not paid within 30 days after the insurer is provided written notice of a covered loss and of the total amount of the claim. If a partial claim is made, that partial amount must be paid within 30 days after the insurer receives written notice.

Any part, or all of the remainder, of the claim that is later supported by written notice is overdue if not paid within 30 days after such written notice is furnished to the insurer. However, any payment shall not be deemed overdue when the insurer has reasonable proof showing that the insurer is not responsible for the payment even though written notice has been furnished to the insurer.

For the purpose of calculating overdue payments, payment is considered as being made on the date it was postmarked or, if not posted, on the date of delivery. All overdue payments will pay simple interest at the rate established in your policy, or pursuant to s. 55.03, F.S., whichever is greater.

## **WHAT DO I DO TO RESOLVE DISPUTES REGARDING PIP BENEFITS?**

(1) In the event you are having a dispute with the insurer for PIP benefits, you may demand mediation of the claim before resorting to the courts by filing a request with the Department of Financial Services "Department" on Form DFS-H2-510 provided by the Department.

(2) Mediation is an informal process whereby a neutral mediator selected by the Office will work together with you and the insurer to resolve the dispute.

You may reach the Department at a local service office or call 1-800-342-2762.

**PLEASE NOTE:** This description of your rights contains general statements and should not be construed to enhance, alter, or amend your rights under your policy and Florida law.

FRAUD ADVISORY NOTICE: The Department of Financial Services may pay rewards of up to \$25,000 to persons providing information leading to the arrest and conviction of persons committing crimes investigated by the Division of Insurance Fraud arising from violations of certain Florida Statutes. You may report such fraud on-line at [www.fldfs.com/fraud](http://www.fldfs.com/fraud) or by calling 1-800-378-0445 from within Florida or 850-413-3261 from outside of Florida.

A N N U A L R E N E W A L C E R T I F I C A T E

POLICY NUMBER 1787-462 - ARC

FIRST NAMED INSURED

PRODUCER 31-BBC

PHONE (212) 375-3000

GIRLS INCORPORATED OF PINELLAS  
7686 61ST ST N  
PINELLAS PARK FL 33781

LAMB FINANCIAL GROUP  
1385 HWY 35 PMB 170  
MIDDLETOWN NJ 07748

WWW.LambFinancialGroup.GuideOne.com

POLICY PERIOD: FROM 06/12/22 TO 06/12/23

-----  
VALUABLE - ATTACH THIS CERTIFICATE TO YOUR POLICY.  
-----

THIS POLICY IS RENEWED FOR THE PERIOD SHOWN ABOVE IN RETURN FOR THE PAYMENT OF THE TOTAL PREMIUM SHOWN ON THE COMMON POLICY DECLARATIONS, SUBJECT TO ALL THE TERMS OF THIS POLICY. THE POLICY IS BEING RENEWED IN ACCORDANCE WITH RATES AND RULES IN EFFECT ON THE DATE OF RENEWAL.

ATTACHED TO AND MADE A PART OF THIS CERTIFICATE ARE COMMON POLICY DECLARATIONS AND CONDITIONS, BUSINESS AUTO COVERAGE PART DECLARATIONS AND SUPPLEMENTS, AND CURRENT EDITIONS OF FORMS IF DIFFERENT FROM THE PREVIOUS POLICY PERIOD. THIS CERTIFICATE HAS THE SAME EFFECT AS WRITING A NEW POLICY. COVERAGE OF THIS RENEWAL WILL BE BROADENED IN ACCORDANCE WITH THE LIBERALIZATION CONDITION OF THE POLICY BEING RENEWED.

INFORMATION SUCH AS CLASSES, LIMITS OR EXPOSURES IS THE SAME FOR THIS RENEWAL PERIOD AS FOR THE PREVIOUS PERIOD UNLESS OTHERWISE SPECIFIED. CHANGES, IF ANY, ARE SHOWN ON THE COVERAGE PART DECLARATIONS OR SUPPLEMENTS.

-----  
GuideOne Insurance  
1111 ASHWORTH ROAD  
WEST DES MOINES, IOWA 50265-3538  
(515) 267-5000

GuideOne Mutual  
Insurance Company

ORIGINAL COPY

B U S I N E S S   A U T O  
C O M M O N   P O L I C Y   D E C L A R A T I O N S  
A N N U A L   R E N E W A L   C E R T I F I C A T E

POLICY NUMBER 1787-462 - ARC

FIRST NAMED INSURED

PRODUCER 31-BBC

PHONE (212) 375-3000

GIRLS INCORPORATED OF PINELLAS  
7686 61ST ST N  
PINELLAS PARK FL 33781

LAMB FINANCIAL GROUP  
1385 HWY 35 PMB 170  
MIDDLETOWN NJ 07748

WWW.LambFinancialGroup.GuideOne.com

POLICY PERIOD: FROM 06/12/22 TO 06/12/23  
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

-----  
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS  
POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.  
-----

-----  
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES PARTS FOR WHICH A PREMIUM IS  
INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.  
-----

BUSINESS AUTO COVERAGE PART \$11,923.00

FORMS APPLICABLE: CA0001/0306 CA0128/0121 CA0267/0121  
CA2172/1009 CA2210/0121 CA2250/0121 CA2402/1293 CA9903/0306  
IL0003/0908 IL0021/0908 PCA9223/0493 PIL7200/0717  
CA9933/0299 CA9934/1293 PCA9230/0493 PCA9231/0493  
PCA9232/0704

ESTIMATED TOTAL PREMIUM \$11,923.00

COUNTERSIGNED 04/14/22  
(DATE)

BY \_\_\_\_\_  
(AUTHORIZED REPRESENTATIVE)

-----  
GuideOne Insurance  
1111 ASHWORTH ROAD  
WEST DES MOINES, IOWA 50265-3538  
(515) 267-5000

GuideOne Mutual  
Insurance Company

ORIGINAL COPY





POLICY EFFECTIVE - 06/12/22

POLICY NUMBER 1787-462 - ARC

NAMED INSURED - GIRLS INCORPORATED OF PINELLAS

-----  
 ITEM THREE. SCHEDULE OF COVERED AUTOS YOU OWN:  
 -----

SCHEDULED VEHICLES ARE GARAGED IN THE CITY AND STATE SHOWN ON THE COMMON POLICY DECLARATIONS UNLESS INDICATED BY AN \* BELOW. SEE SCHEDULE FOR ALTERNATE GARAGE LOCATIONS.  
 -----

AUTO	YR	VEHICLE DESCRIPTION/ VEHICLE IDENTIFICATION	PS	TYP	ORIGINAL COST NEW	STATE TERR	CLASS	DEDUCTIBLES COMP COLL	
003	12	FORD E350 VAN 15PS VIN 1FBSS3BL0CDA44884	15	V	\$35,000	FL-006	6452	\$500	\$1,000
004	11	FORD F550 TRUCK VIN 1FDGF5GY3BEA65156			\$52,000	FL-006	03199	\$500	\$1,000
005	11	FORD E350 VAN 12PS VIN 1FBNE3BLXBDA61372	12	V	\$34,000	FL-006	6452	\$500	\$1,000
006	16	FORD TRANSIT 12 PASS VIN 1FBZX2CMXGKA24841	12	V	\$35,319	FL-006	6452	\$500	\$1,000

\*PS=SEATING CAPACITY TYP=VEHICLE TYPE

-----  
 PREMIUMS:  
 -----

AUTO	LIAB	PIP	ADDED PIP	MED PAY	UM	UIM	COMP	COLL	T&L	TOTAL PREMIUM
003	\$2,656	\$382	NIL	\$10	\$144	INCL	\$74	\$75	NIL	\$3,341
004	\$1,529	\$94	NIL	\$5	\$144	INCL	\$86	\$157	NIL	\$2,015
005	\$1,975	\$284	NIL	\$8	\$144	INCL	\$74	\$75	NIL	\$2,560
006	\$2,949	\$424	NIL	\$12	\$144	INCL	\$74	\$75	NIL	\$3,678

\* SAFE VEHICLE DISCOUNT APPLIES

ORIGINAL COPY

POLICY EFFECTIVE - 06/12/22

POLICY NUMBER 1787-462 - ARC

NAMED INSURED - GIRLS INCORPORATED OF PINELLAS

-----  
ITEM FOUR.    SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.  
-----

LIABILITY INSURANCE - RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE	RATES PER EACH \$100	MINIMUM PREMIUM APPLIES
FL	INCL	N/A	\$61
		TOTAL PREMIUM	\$61

COST OF HIRE MEANS THE TOTAL AMOUNT YOU INCUR FOR THE HIRE OF AUTOS YOU DON'T OWN (NOT INCLUDING AUTOS YOU BORROW OR RENT FROM YOUR EMPLOYEES OR THEIR FAMILY MEMBERS). COST OF HIRE DOES NOT INCLUDE CHARGES FOR SERVICES PERFORMED BY MOTOR CARRIERS OF PROPERTY OR PASSENGERS.

-----  
ITEM FIVE.    SCHEDULE FOR NON-OWNERSHIP LIABILITY  
-----

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
OTHER THAN A SOCIAL SERVICE AGENCY	NUMBER OF EMPLOYEES	2	\$120
SOCIAL SERVICE AGENCY	NUMBER OF EMPLOYEES	NONE	NIL
	NUMBER OF VOLUNTEERS	NONE	NIL
		TOTAL PREMIUM	\$120



POLICY EFFECTIVE - 06/12/22

POLICY NUMBER 1787-462 - ARC

NAMED INSURED - GIRLS INCORPORATED OF PINELLAS

-----  
ENDORSEMENT SCHEDULES.  
-----

CA2250/0121 -  
FLORIDA EXTENDED PERSONAL INJURY PROTECTION

\_\_\_\_\_ WORK LOSS FOR "NAMED INSURED" AND DEPENDENT  
"FAMILY MEMBER" DOES NOT APPLY.

-----  
PCA9232/0704 -  
BUSINESS AUTO POLICY SCHEDULE OF HIRED AUTO  
COVERAGE AND PREMIUMS

SCHEDULE				
PHYSICAL DAMAGE COVERAGE				
COVERAGES	LIMIT OF INS. THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
X___COM- PREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$40,000__ WHICHEVER IS LESS MINUS \$500__ DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
X___COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$40,000__ WHICHEVER IS LESS, MINUS \$1,000_ DED. FOR EACH COVERED AUTO.			

TOTAL PREMIUM \$ \_\_\_\_\_

# NONOWNED AUTO EXCESS MEDICAL PAYMENTS COVERAGE FOR INSTITUTIONS

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

## BUSINESS AUTO COVERAGE FORM

### A. COVERAGE

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident." We will pay only those expenses incurred, for services rendered within three years from the date of the "accident."

### B. WHO IS AN INSURED

Anyone "occupying" an "auto" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your employees or partners or members of their households but only while used in your business or your personal affairs.

### C. EXCLUSIONS

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by anyone while "occupying" any vehicle owned, leased, hired, rented or borrowed by you.
3. "Bodily injury" to your employee arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic employees if not entitled to workers' compensation benefits.
4. "Bodily injury" to an "insured" while working in a business of selling, servicing,

repairing, parking or storing "autos" unless that business is yours.

5. "Bodily injury" caused by declared or undeclared war or insurrection or any of their consequences.
6. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.

### D. LIMIT OF INSURANCE

Regardless of the number of covered "autos," "insureds," premiums paid, claims made or vehicles involved in the "accident," the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is \$5,000.

### E. CHANGES IN CONDITIONS

The CONDITIONS are changed for AUTO MEDICAL PAYMENTS COVERAGE as follows:

1. The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition does not apply.
2. The reference in OTHER INSURANCE to "other collectible insurance" applies only to other collectible auto medical payments insurance.

### F. ADDITIONAL DEFINITIONS

The following is added to the DEFINITIONS Section:

"Occupying" means in, upon, getting in, on, out or off.

# HIRED AUTO EXCESS MEDICAL PAYMENTS COVERAGE FOR INSTITUTIONS

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

## BUSINESS AUTO COVERAGE FORM

### A. COVERAGE

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident." We will pay only those expenses incurred, for services rendered within three years from the date of the "accident."

### B. WHO IS AN INSURED

Anyone "occupying an auto" you lease, hire, rent or borrow, or a temporary substitute for an "auto" you lease, hire or rent which is out of service because of its breakdown, repair, servicing, loss or destruction. This does not include any "auto" you lease, hire, rent or borrow from any of your employees or partners or members of their households.

### C. EXCLUSIONS

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by anyone while "occupying" any vehicle owned by you or used in connection with your business that you do not lease, hire, rent or borrow.
3. "Bodily injury" to your employee arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic employees if not entitled to workers' compensation benefits.
4. "Bodily injury" to an "insured" while working in a business of selling, servicing,

repairing, parking or storing "autos" unless that business is yours.

5. "Bodily injury" caused by declared or undeclared war or insurrection or any of their consequences.
6. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.

### D. LIMIT OF INSURANCE

Regardless of the number of covered "autos," "insureds," premiums paid, claims made or vehicles involved in the "accident," the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is \$5,000.

### E. CHANGES IN CONDITIONS

The CONDITIONS are changed for AUTO MEDICAL PAYMENTS COVERAGE as follows:

1. The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition does not apply.
2. The reference in OTHER INSURANCE to "other collectible insurance" applies only to other collectible auto medical payments insurance.

### F. ADDITIONAL DEFINITIONS

The following is added to the DEFINITIONS Section:

"Occupying" means in, upon, getting in, on, out or off.

# BUSINESS AUTO POLICY SCHEDULE OF HIRED AUTO COVERAGE AND PREMIUMS

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

**PHYSICAL DAMAGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED COST OF HIRE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
COMPREHEN- SIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$           WHICHEVER IS LESS MINUS \$           DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$           WHICHEVER IS LESS, MINUS \$           DED. FOR EACH COVERED AUTO.			
			<b>TOTAL PREMIUM</b>	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)



# EMPLOYEES AS INSUREDS

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the **Section II -- Liability Coverage**, Paragraph **A.1. Who Is An Insured** Provision:

Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

# **SOCIAL SERVICE AGENCIES -- VOLUNTEERS AS INSURED**

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The following is added to the LIABILITY COVERAGE WHO IS AN INSURED provision:

Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business. Anyone else who furnishes that "auto" is also an "insured".

# IMPORTANT AUTO INSURANCE IDENTIFICATION CARDS

(Please keep one copy in your vehicle)

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04/14/22

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

**GuideOne Mutual Insurance Company**

1111 Ashworth Road, West Des Moines, Iowa 50265-3538

POLICY NUMBER <b>BA1787-462</b>	COMPANY CODE <b>- 09774</b>	EFFECTIVE DATE <b>06/12/22</b>
<input checked="" type="checkbox"/> PROPERTY DAMAGE LIABILITY	<input checked="" type="checkbox"/> BODILY INJURY LIABILITY	
<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
YEAR <b>12</b>	MAKE/MODEL <b>FORD E350 VAN 15PS</b>	VEHICLE IDENTIFICATION NUMBER <b>1FBSS3BL0CDA44884</b>

**NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE  
MISREPRESENTATION OF INSURANCE  
IS A FIRST-DEGREE MISDEMEANOR**

SEE REVERSE SIDE FOR IMPORTANT INFORMATION  
DATE CERTIFICATE ISSUED 04/14/22

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

**GuideOne Mutual Insurance Company**

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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
YEAR <b>11</b>	MAKE/MODEL <b>FORD F550 TRUCK</b>	VEHICLE IDENTIFICATION NUMBER <b>1FDGF5GY3BEA65156</b>

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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
YEAR <b>11</b>	MAKE/MODEL <b>FORD F550 TRUCK</b>	VEHICLE IDENTIFICATION NUMBER <b>1FDGF5GY3BEA65156</b>

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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
YEAR <b>11</b>	MAKE/MODEL <b>FORD E350 VAN 12PS</b>	VEHICLE IDENTIFICATION NUMBER <b>1FBNE3BLXBDA61372</b>

**NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE  
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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
<b>GIRLS INCORPORATED OF PINELLAS</b> <b>7686 61ST ST N</b> <b>PINELLAS PARK FL 33781</b>		
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**WHAT TO DO IN CASE OF AN ACCIDENT**

1. Notify police authorities and request medical assistance if necessary.
2. Be sure to obtain the name, address, license plate number and names of insurance companies of any others involved in the accident.
3. Obtain names and addresses of all witnesses.
4. Do not discuss details or fault of the accident with anyone except police or an authorized GuideOne Insurance Representative.

**TO REPORT A CLAIM 24 HOURS A DAY, 7 DAYS A WEEK, CALL TOLL FREE 1-888-748-4326.**

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# IMPORTANT

## AUTO INSURANCE IDENTIFICATION CARDS

(Please keep one copy in your vehicle)

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04/14/22

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<input checked="" type="checkbox"/> PERSONAL INJURY PROTECTION BENEFITS		
NAMED INSURED		
GIRLS INCORPORATED OF PINELLAS 7686 61ST ST N PINELLAS PARK FL 33781		
YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
16	FORD TRANSIT 12 PASS	1FBZX2CMXGKA24841

**NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE  
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